PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7/1/17	CERTIFICATE	OF	TOTATEL
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Reg. Dist. No. 3

COUNTY Balto.  CITY (If outside corporate limits, write RURAL CENTRAL CENTRAL COUNTY (In this place)  CITY (If outside corporate limits, write RURAL and give nearest town)  ON NAME OF (Pist)  MOSPITAL OR INSTITUTION OR STREET ADDRESS  COLLEGE MANDE  MAUDE  MISSINITION OR STREET ADDRESS  COLLEGE MANDE  MISSINITION OR STREET ADDRESS  COLOR OR   T. SINGLE, MARRIED, DATE OF BIRTH:  RACE:  COLOR OR   T. SINGLE, MARRIED, DATE OF				
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CITY (If outside corporate limits, write RURAL and give nearest town) OR was give negrest town of the piece o	COUNTY Balto MARYLAND	STATE Md. COUNTY		
OR and give negrest towal towal towal toward			t town)	
NOSPITAL OR INSTITUTION OR STREET ADDRESS NOT NUTSING HO.  STREET ADDRESS NOT NOT SHAWAY ADDRESS NOT SHAWAY	OR and give nearest town) (in this place)	OR		
STREET ADDRESS College Manor Nursing Ho.  ADDRESS STREET ADDRESS STREET ADDRESS OR (First) DECASED: (Type or Print) S. SEX: Female  OR. COLOR OR 7. SINGLE. MARRIED. (Syed)-Windowed Syed)-Windowed Nov. 21, 1871 St. (Syed)-Windowed OR. USUAL OCCUPATION (Give kind off or Industry) S. MALD EXCESSED: (Type or Print) OR. USUAL OCCUPATION (Give kind off or Industry) S. WALD EXCESSED: (Type or Print) OR. USUAL OCCUPATION (Give kind off or Industry) S. WALD EXCESSED OR WILLIAM OR INDUSTRY:  OR INDUSTRY:  OR INDUSTRY:  II. BIRTHPLACE (State or foreign country): II. DISPASES MAIDEN NAME:  Harriette Hancock  II. MOTHER'S MAIDEN NAME:  HARRIED.  HARRIED.  HOTE  H	X TOWN LUCIETYLLE	TOWN DAT WINDLE	- 44	
STREET ADDRESS  ON COLOR OF PIRIT)  DECARGED: (Type or Pirit)  S. SEX:  O. COLOR OR PARCE: (Specify Pirit)  MAIDE  WILSON  ADAMS  DEATH: (Specify Pirit)  MILSON		ADDDECC	1	
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work done during most of working life, even if retired:  3. FATHER'S NAME:  George Williams  S. WAS DECEASED EVER IN U.S. ARMEO FORCES! Yes, no, or unk.) (If Yes, give war or dates)  16. SOCIAL SECURITY NO.  17. INFORMANT A ADDRESS: Mrs. Alberta W. Lenzen-Northway Apts.  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DUE TO  COUNTRY?  (A)  DUE TO  COUNTRY?  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  IMMEDIATE CAUSE  (A)  DUE TO  COUNTRY?  (B)  COUNTRY?  Mrs. Alberta W. Lenzen-Northway Apts.  (A)  Country  INTERVAL BETWEEN ONSET AND DEATH  IMMEDIATE CAUSE  (B)  DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C				
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20. AUTOPSY? YES NO STATE OF OPERATION:  Note:    198. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? YES NO STATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? YES NO STATE OF DEATH OF INJURY Street, office bldg., etc.   21c. WHERE DID (City or town) (County) (State) OF INJURY OF INJURY OCCUR?    10. Time (Month) (Day) (Year) (Hour)   21e INJURY OCCURRED While at work   21f. HOW DID INJURY OCCUR?   195. The operation of the deceased from Sure of the operation of the date stated above.   22. I hereby certify that I attended the deceased from Sure of the causes and on the date stated above.   22. I hereby certify that I attended the deceased from Sure of the causes and on the date stated above.   3. Surial. CREMATION. DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)   3. BURIAL. CREMATION. DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)   3. BURIAL. CREMATION. DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)   3. BURIAL CREMATION. DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)   3. BURIAL CREMATION. DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)   3. BURIAL CREMATION. DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)   4. AUTOPS   PROPERTY   PROPERTY				
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21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory.)  OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.   1NJURY OCCUR?  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY   21c. WHERE DID (City or town) (County) (State)  OF INJURY OCCUR?	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. 2010	1	
The contributing cause of Death of Injury street, office bldg., etc. Injury occur?  IF EITHER, NOTIFY MEDICAL EXAMINER)  OF INJURY  OF INJURY  OF INJURY OCCURRED  While at work Not while at work of the last saw the deceased at work at work of the last saw the deceased alive on part of the last saw the last saw the deceased alive on part of the last saw the last saw the deceased alive on part of the last saw the last saw the deceased alive on part of the last saw the last saw the last saw the deceased alive on part of the last saw the deceased alive on part of the last saw the deceased alive on part of the last saw the last saw the deceased alive on part of the last saw the last	None	YES	10 🔊	
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21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work 21F. HOW DID INJURY OCCUR?  While 21F. HOW DID INJURY OCCUR?  While 21F. HOW DID INJURY OCCUR?  AND INJURY OCCUR?  While at work 21F. How DID INJURY OCCUR?  While 21F	OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg.,		,	
While at work Not while at work 22. I hereby certify that I attended the deceased from JUNE, 195/, to fell, 1/9, 195/2, that I last saw the deceased alive on Die. 15, 195/2, and that death occurred at // 00 AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  ADDRESS  BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (SPECIFY)  Burial  2/17/56  Druid Ridge Cem.  Pike swille Md.		L ota How DID IN HIDY OCCUPA		
22. I hereby certify that I attended the deceased from JUNE, 195/, to feli, 1/4, 195/2, that I last saw the deceased alive on Dec. 15, 195, and that death occurred at 1/00 AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  ADDRESS  BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (SPECIFY)  Burial  2/17/56  Druid Ridge Cem.  Pike sville Md.		21F. HOW DID INJURY OCCUR?		
alive on Date . 15, 19 5, and that death occurred at // 00 AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  M.D. E. Eager St. Belting 2  ADDRESS  DATE SIGNED  NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (SPECIFY)  Burial  2/17/56  Druid Ridge Cem.  Pike swille . Md.				
alive on Date . 15, 19 5, and that death occurred at // .00 A M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  M. D. E. Eager St. Buttonia 2  Burial. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (SPECIFY)  Burial 2/17/56  Druid Ridge Cem.  Pike sville . Md.	22 I haraby contifu that I attended the decouged from a 114	Q 105/ to F & M 1066 that I last any the de	000000	
SIGNATURE Crawfol N. Keil between M. D. 6 E. Eage St. Between 2 M. D.  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (SPECIFY)  Burial  2/17/56  Druid Ridge Cem.  Pike sville Md.				
Burial 2/17/56 Druid Ridge Cem.  M.D. & E. Eager St. Galterie 2 Med.  NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  (State)  Pike sville Md.	alive on 13, 19 5, and that death occurred at	//.00 f M, from the causes and on the date stated above	è.	
Burial CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  Burial 2/17/56 Druid Ridge Cem.  Pike sville Md.	SIGNATURE O		1	
Burial CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (SPECIFY)  Burial 2/17/56  Druid Ridge Cem.  Pike sville Md.	Crawford N. Kerl bestrick & M	D. & E. Eager St. Galterine 2 Mc	1	
Burial 2/17/56 Druid Ridge Cem. Pike sville Md.			(State)	
DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE / 1/240 FUNERAL DIRECTOR ADDRESS	REMOVAL (SPECIFY)	7.0	01 0	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / 1/240 FUNERAL DIRECTOR A / / ADDRESS	Burlat 2/1//50 Druid Ridg	e Cem. Pike sville, Md.	MA	
PRESISTRAP	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	124 FUNERAL DIRECTOR ADDRESS	17	

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MARYLAND STATE DEPARTMEN 1402 CERTIFICATI	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:
COUNTY Balto MARYLAND	STATE MI d. COUNTY Balto
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  A RIVARY OF TOWN  CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL and give nearest tow OR TOWN
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
50 STREET ADDRESS LONG UTLEN Md	LONG LYLLN Md
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) Eleanora Albo	(Last) /4. DATE (Month) (Day) (Year) OF DEATH: Feb 19 19 6
5. SEX:   6. COLOR OR   7. STNGLE   MARRIED.   8. DATE   WIDOWED, DIVORCED.   Specify):	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS   Hours   Min
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): A + Homa   House karlor x	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Philip A Albracht	Eleanora Logemann
(Yes, no, or unk.) (If Yes, give war or dates of service)	MY Chas A Albricht Gling and P.
18. MEDIOPL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
420.0 IMMEDIATE CAUSE (A) GUIGES	two Theart failine 10 Mos
ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, (B)	relevolic Heart Dis, 2 4
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	tory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	

PLAINLY. OR WRITE TYPE A15-10 753

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Supply every item of information carefully

alive on SIGNATURE BURIAL

OF TNJURY

21E INJURY OCCURRED at work at work 22. I hereby certify that I attended the deceased from

21F. HOW DID INJURY OCCUR?

that I last saw the deceased

LOCATION (City, town, or county

M, from the causes and on the date stated above. that death occurred at DATE SIGNED

EMATION, THEREOF NAME OF CEMETERY OR CREMATORY (SPECIFY)

TRAR'S SIGNATURE

BA LOCAL DATE RECOD REGISTA

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DIRECTOR ADDRESS Drelifford Hudson Fork nd



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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

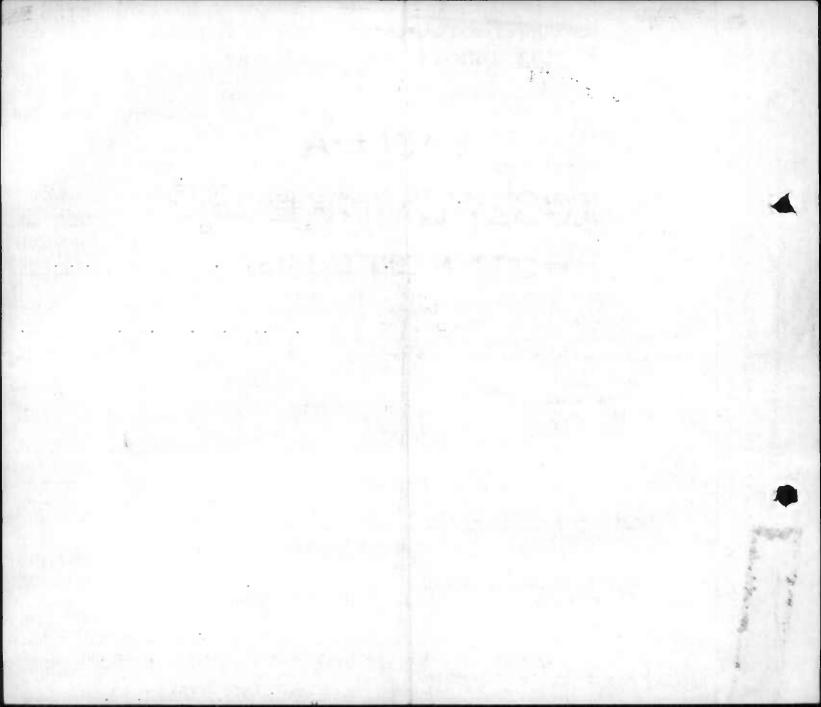
lo i	1/02	CERTIFICATE OF DEATH	

Reg. Dist. No.

1400 CHILLIAN	3 OI BEILIII Reg. Dist.	110.	
I. PLACE OF DEATH:  COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED:  Maryland  STATE  COUNTY	7-15	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  X TOWN Baltimore  LENGTH OF STAY (in this place)  21 days	CITY(If outside corporate limits, write RURAL and OR TOWN Baltimore	3 V O / - //	
HOSPITAL OR INSTITUTION OR 50 STREET ADDRESS Veterans Administration Hospit	STREET (If rural give location) al 1800 Etting Street	1	
DECEASED: (Type or Print) WILLIAM B. AI	(Last) 4. DATE (Month) (Da OF DEATH: February )	4, 1956	
Male Negro (Specify): Widowed 1	9. AGE last birthday F UNDER 1 YE.  12/11/01   54 yrs.   Months   Day	ys Hours Mln.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur  OB. KIND OF BUSINESS OR INDUSTRY:  Trucking Co.		ITIZEN OF WHAT	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
William Allen	Laura Bray		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) WW I 215-12-8855	17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.		
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN	
581./ IMMEDIATE CAUSE (A) HEPATIC CON	íA.	RECENT	
ANTEGEDENT CAUSE (8)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  LAENING OF TO	31 IMMOSTS	UNKNOWN	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?	
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan.			
SIGNATURE The Control at that death occurred at	ADDRESS DATE	ated above.	
23, BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	D. Fort Howard, Md. 2/ ERY OR CREMATORY   LOCATION (City, town, or c tional Cemetery Baltimore, Mary		
Burial 2/8/50 Baltimore National Registrar's Signature Registrar 1967	tional Cemetery Baltimore, Mary 24. FUNERAL DIRECTOR Charles, R. Law Funeral Home	ADDRESS	
The colors	Madison Ave., Palto I. Mc.		

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

VS. A15 -- 10 - 53



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this this

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(Year)

19 5 6

Min.

IF UNDER 24 HRS

Hours

CITIZEN OF WHAT

S

COUNTRY?

Reg. Dist. No.

IF UNDER 1 YEAR

Days

Months

# CERTIFICATE OF DEATH

After of CODY third after 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Itimore COUNTY hours MARYLAND STATE 72 hour (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporete limits, write RURAL end give neerest town end give neerest fown) (in this place) OR TOWN TOWN HOSPITAL OR STREET INSTITUTION OR ADDRESS within funeral STREET ADDRESS (First) (Middla) 3. NAME OF (Last) DECEASED registrar 0 Wes 10 the MMOSS (Type or Print) COLOR OR SINGLE, MARRIED, 8. DATE OF BIRTH A GE lest birthdev þ WIDOWED, DIVORCED RACE (Specify) 19-Widowe. .5 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) with done during most of working life, even If OR INDUSTRY permit. retired) Huckster Marvland Produce 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completely transit certificate be 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or dates of service) burial 213302468 NO and 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician death 38 IMMEDIATE CAUSE use DUE TO ANTECEDENT CAUSE(S) attending pl DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. detached II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

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ON	INTERVAL BETWEEN ONSET AND DEAT
hrom bosis	4 days
-terioslerosis	IVea-

COUNTY

DATE

DEATH

(If rurel give location)

(Month)

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2D. AUTOPSY 7 YES | NO 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, factory, 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State) OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Yeer) Not while at work at work

SIGNATURE	1	ADDE	RESS (Street, city, town, stele)	DATE SIGNED
Munake	Ja don'	M.D. 1077 Harfore	1 Rd Sallo 14, 40	2-4-56
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)

eb. 8.1956 REC'D BY REGISTRAR REGISTRAR'S/SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATU

ADDRESS

or attending Jaw. HOSPITAL retained by the hospital

The law requires that the DIRECTOR: copy FUNERAL 2

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certificate

assembly should

death certificate

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BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

495 CERTIFICATE OF DEATH

Reg. Dist. No.

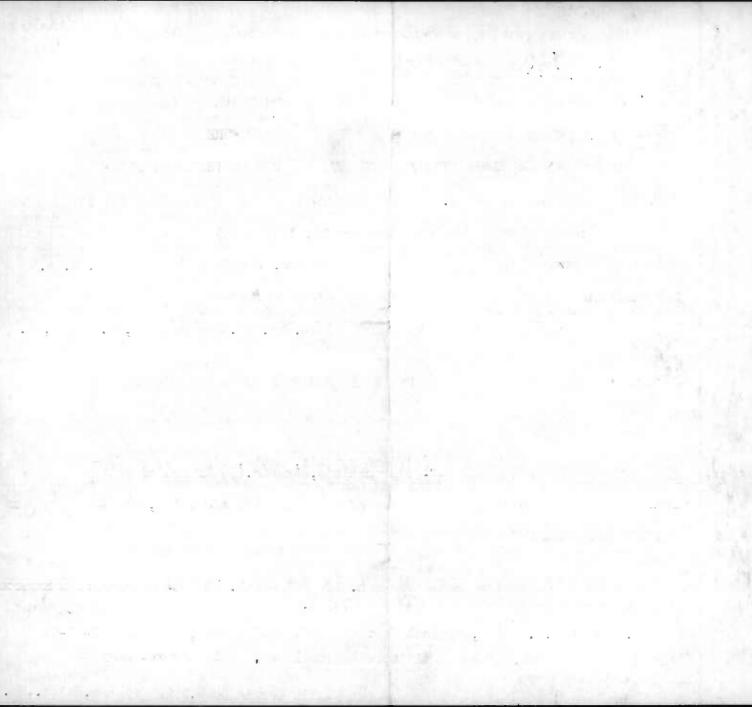
Philip Herwig Sons, 2024 Orleans, Balto., Md.

		, Table Chilling	d OI DIMITII	110.		
y.	1. P	LACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	);		
gib		OUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY			
le	C	ITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)		
and legibly	XT	own FORT HOWARD (in this place) 3 Days	TOWN BALTIMORE	3Y01-4		
clearly	1.2	IOSPITAL OR NSTITUTION OR	STREET (If rural give location)			
	50 S	TREET ADDRESS VETERANS ADMINISTRATION HOSPI	TAL 206 NORTH CHAPEL STREET	V		
h c		FORA CED.	(Last) 4. DATE (Month) (I	Day) (Year)		
death	(2	Type or Print) Limited T. AND	ERTON DEATH FEBRUARY			
of	5. si	RACE: WIDOWED, DIVORCED.	y 29, 1897  9. AGE last birthday If UNDER I Y Months D	EAR   IF UNDER 24 HRS. ays   Hours   Min.		
please write the causes	10A. L	USUAL OCCUPATION (Give kind of or or k done during most of working life, or INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?		
		ATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	. S. A.		
		ee Anderton	Caroline Andrews			
		DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:			
	Yes	no, or unk (If Yes, give war or dates of service) WW I Unknown	Clin.Rec.Vet.Adm.Hospital,Ft.Howard,Md.			
pleas		18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN ONSET AND DEATH		
62	33	IMMEDIATE CAUSE (A) ACUTE BRATE	N SYNDROME OF UNKNOWN CAUSE	UNKNOWN		
Physicians:		ANTECEDENT CAUSE (8)				
ysi	DISEASES OR CONDITIONS, 1F ANY. (B)					
Ph		NG RISE TO THE ABOVE CAUSE TING UNDERLYING CAUSE LAST. DUE TO				
nt.	77 0	(C)				
important.	other significant conditions contributive) Tenosynovitis, acute, right second fin- to the Death But not related to the period of the Disease or Condition Causing Death ger (2) Bronchitis, chronic. (3) Bronchial asthma					
mp		DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N The state of the	20. AUTOPSY?		
	2-3	10-56 Incision and drainage of	tenosynovitis and felon, right	YES NO		
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)					
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work					
.02	99 T	hereby certify that Kattended the deceased from Feb.	10 1956 to Feb 13 1956 Per 1700	0374 336 36746		
t age	383	become concession and that death occurred at	7:35A.M, from the causes and on the date s	stated above.		
rec	S	IGNATURE godene m. mee		E SIGNED		
correct	JOS   23. B	EPH M. MILLER M.D., Chief, Surgical Services  BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE  REMOVAL (SPECIFY)  Baltimore No.	ery or crematory   Location (City, town, or ational Cem.   Baltimore, Mary	county) (State)		
	DAT		24 FUNERAL DIRECTOR	ADDRESS		

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully

VS. A15-10-53



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01365

# 1496 CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore, MARYLAND	STATE MATERIAL COUNTY Baltimore
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) TOWN (in this piece)	OR TOWN
1/6/6/09/0	// EYE / OY' 0 X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS	York Rd
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yeer)
DECEASED (Typa or Print)	-L OF /
	midc.05/ DEATH/eby 23 1956,
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Male MACE TO WIDOWED, DIVORCED, (Specific Troping of 1/2)	6 777 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
dona during most of working life, aven If OR INDUSTRY	DIL + AAID TO COUNTRY?
Shale Operator Constituetion	arklon, Md.R.DIU, S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 105 hr 7 Armanos	1-117 N1/100.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, p, or unk.) (If Yes, give wer or detes of service) = 12-7 7-17/	3 ho of the
110 20113	- The Strace Comacost Monkelon na.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION NTERVAL BETWEEN ONSET AND DEATH
321X / / // -	S. O
IMMEDIATE CAUSE (A)	Secrosio uningging
ANTECEDENT CAUSE(S) DUE TO	2 00
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	vyens
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, ferm, factory,   2	YES NO Y
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
	21f. HOW DID INJURY OCCUR?
M. et work Not while	
22. I hereby certify that I attended the deceased from	2 10 33 1 Fel 23 10 56 1 1 1 1 1
	175
alive on	
STATO B	ADDRESS (Street, city, town, stota) DATE SIGNED
whiteforther M.D.	The Hall one Jet. 25,5%
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY (City, town, or couply) (State).
Durial tepr26/956 to Tore	emetery Heretard Monkton Md. PD
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1/21/4/ Polar J. A. M.	The things of the things of
DATE 1/26/06 COTTESSE & SECULOR	F. Jacob Harlengler The Thellown

MARYLAND STATE DIPARTMENT OF MEALTH-DALKINGER, IS

# -HYASG SO STADISTISED VICE

BUREAU V. S. 3581 8 AAM

this

the registrar within 72 hours after death. After in by the funeral director, the third copy of

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C-125 TOM

VS

director, the third copy

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01366

#### CERTIFICATE OF DEATH 1497

	Reg. Dist. Ho				
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY DALTIMONE MARYLAND	STATE MARYLAND COUNTY DALTO.				
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (If outside corporete limits, write RURAL end give neerest town)				
55TOWN TOWSON	TOWN / OVVJON				
HOSPITAL OR INSTITUTION OR 7906 KNOLL WOOD PD.	STREET (II rural give location) ADDRESS 7906 KNOLL WOOD RD!				
3. NAME OF DECEASED (First) GEORGE ANDREW &	14. DATE (Month) (Dey) (Yeer) 0F DEATH 2 - 9 - 1956				
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED 1- 2	27-1889 67 yrs. Months Deys Hours Min.				
done during most of working fife, even if A PRINDUSTRY DLDGS.	11. BURTHPLACE (Stele or foreign country)  12. CITIZEN OF WHAT COUNTRY?  COUNTRY?				
13. FATHER'S NAME JOHN BASTZ	MARGARET STECKER				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or dates of service)  2/7-05-0/3	39 HELEN M. DHETZ -SAME				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH				
13× IMMEDIATE CAUSE (A) Carcin					
ANTECEDENT CAUSE(S) DUE TO	D 0 1				
DISEASES OR CONDITIONS, IF ANY, (8)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	of Colon				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	77 Colon 20. AUTOPSY? YES NO FT				
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)				
	PIF. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from November 1953, to 2/9/, 1952, that I last saw the deceased					
SIGNATURE M.D. M.D.	ADDRESS (Street, city, town, stete)  ADDRESS (Street, city, town, stete)  DATE SIGNED  ADDRESS (Street, city, town, stete)				
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR OF CONTROL SPECIFY 2/13/56 SACRED A	HEART TESUS DALTO CO! MD.				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 44905				

. LEB 14 1020

BUREAU V. S.

A THEORY OF MAIN TO SELECT A SERVICE THAT IS NOT THE OWNER.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

	STATE	DEPARTMENT	oF	HEALTH—BALTIMO	RE,	18()1	367
1498	CEF	RTIFICATE	OF	DEATH	Reg.	Dist.	No. 3

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEA	SED:
COUNTY Baltimere	MARYLAND	STATE MAT	yland COUNTY Ci	tv
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY(If outside	corporate limits, write RURA	L and give nearest town)
OR and give nearest town) TOWN Orders Mills	4 yrs. 10 m	OR TOWN Ral	timore 31, Maryl	and alari
HOSPITAL OR	4 3100 10 14	STREET	If rural give locati	
INSTITUTION OR		ADDRESS		
STREET ADDRESS Resewood St. Tr.	School	174	O East Baltimore	Street
3. NAME OF (First) (Mic	ddle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Linda Je	an	Baird	DEATH: Februa	ry 22. 1956
5. SEX:   6. COLOR OR   7. SINGLE, MARE RACE:   WIDOWED, DIV	RIED, 8. DATE	OF BIRTH:	9. AGE last birthday IF UNDE	RIYEAR IF UNDER 24 HRE.
- Charles	ngle 2/	21/49	yrs. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of) 10B. KIN	D OF BUSINESS	11. BIRTHPLACE	State or foreign country):  1	12. CITIZEN OF WHAT
work done during most of working life. OR even if retired):	INDUSTRY:			COUNTRY?
13. FATHER'S NAME:		Maryland		U. S.
William Lloyd Baird			Winifred Rinehar	t
18. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SO (Yes, no, or unk.)   If Yes, give war or dates	CIAL SECURITY NO.	17. INFORMANT	& ADDRESS:	
of service)		Resewood	Records	
ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIB	Repented as	intershial p		
TO THE DEATH BUT NOT RELATED TO THE		1 1.6. 11.	11 11 1 1 1 1	//
DISEASE OR CONDITION CAUSING DEATH.			desceptains due to o	190
19A. DATE OF OPERATION: 19B. MAJOR FINDI	NGS OF OPERATIO	N thberenist	us knings his	20. AUTOPSY?
C (0000 to 0000	-			YES NO
21A. ACCIDENT WAS UNDERLYING OF LAND OR CONTRIBUTING CAUSE OF DEATH OF INJUING (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE (Home, farm, fac RY street, office bldg			ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E OF INJURY M. at wo		21F. HOW DID	NJURY OCCUR?	
22. I hereby certify that I attended the dece	essed from	19 to	19 that I I	ast saw the decease
alive on 2/22 , 19 56, and that SIGNATURE	death occurred at	6:15p.M. from the	he causes and on the da	te stated above.
23. BURIAL. CREMATION, DATE THEREOF		ENY OR CREMATORY		
DATE REC'D BY LOCAL REGISTRAR'S SIGN REGISTRAN - 24 56	ATURE	Way L. De	CKNEEDERS MHA	Bald 17, Kell

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1479 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this piece)	City (if outside corporete limits, write RURAL and give neerest town) OR
TOWN Catonsville	TOWN Baltimore
HOSPITAL OR HOUSE in Pines	STREET (If ruref give focation) ADDRESS
STREET ADDRESS 16 Fusting Ave.	5005 Woodside Rd.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Fannie Beaumont	DEATH F6b. 6/56 19
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW Sept	Months I Davis House & Min
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY OWN Home	Baltimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John William Buckingham	Janet Peacock
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS (Daughter)
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Mrs. J. Fred Graves, 5005 Woodside
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
142x 122	Donne to time
IMMEDIATE CAUSE (A)	The my market
DISFASES OF CONDITIONS IF ANY IN CARRY CARRY	o-Tascular-Rena Dosean 631
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While Not while M. et work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from ? - ilf	1949, to 2 6, 1956, that I last saw the deceased
	at 7.1.30 M, from the causes and on the date stated above.
SIGNATURE 2. h	ADDRESS (Street, city, town, stete) DATE SIGNED
2 Melmes 1 Hallager M.062	109 Trederick Rel, Balt. 28, med 2/7/56
23. BURIAL, CREMATION, DAYE THEREOF NAME OF CEMETERY OF	R CREMATORY (City, town, or county) (State)
Furial 4eb.9/56 Fouden Par	k Baltimore Nd.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE FRO 10FO . G. Sarry 5	Harry H. Witske 4101 Edmondson AVE
1200 1330	

MASSIAND STATE DEPARTMENT OF MEALTH-SALEDINGES, IS

# CERTIFICATE OF DEATH

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BUREAU V. E.

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01369
4 4 4 4	CHEMITICA MEL ON DIVAMIY	11.2

1	ACE OF DEATH:			2. USUAL RESI	DENCE (HOME) OF DECI	EASED:
	DUNTY Balti		MARYLAND	STATE Md		Baltimore
OF	and give neare	orate limits, write F st town) eburg	LENGTH OF ST. (in this place)	OR	e corporate limits, write RUI Caspeburg	RAL and give nearest town)
IN	SPITAL OR STITUTION OR REET ADDRESS	7936 Oakdal	e Avenue	STREET ADDRESS	7936 Oakdale Ave	
DE	CEASED.	(First) ARY L. BECK	(Middle)	(Last)	4. DATE (Month) OF DEATH: Febi	(Day) (Year) ruary 23, 19 56
5. SE		R OR 7. SINGLE.	MARRIED. 8. DA	TE OF BIRTH:	9. AGE last birthday Mont	DER 1 YEAR IF UNDER 24 HRS.
wo	SUAL OCCUPATIOn rk done during most re if retired):	of working life	B. KIND OF BUSINESS OR INDUSTRY: At Home	Baltimore,		12. CITIZEN OF WHAT COUNTRY?
	THER'S NAME: Jenry Becker			M. W. Gra		
15. WAS	DECEASED EVER IN L	J.S. ARMED FORCES? give war or dates	16. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS:	2-7
n	of servi		none s. MEDICAL CERTIFIC		Becker, 1936 Oak	iale Ave., Balto.
DISE GIVIN STAT	ANTECEDENT CAL ASSES OR CONDITI NG RISE TO THE A FING UNDERLYING THER SIGNIFICANT THE DEATH BUT	JSE (8) ONS, IF ANY, BOVE CAUSE	(B) CALLANDOUE TO  (C) CONTRIBUTING THE	s of him	your -	2 yes -
DIS	SEASE OR CONDI	TION CAUSING D	EATH.			
19A. D	ATE OF OPERATIO	N: 19B. MAJOR	FINDINGS OF OPERAT	TON		20. AUTOPSY?
OR CO	ACCIDENT WAS UN NTRIBUTING [] CAN HER, NOTIFY MEDICA	USE OF DEATH OF	B. PLACE (Home, farm, FINJURY street, office bl	factory. 21c. WHERE INJURY OCC		(County) (State)
21D. T OF "IN	TIME (Month) (Day JURY	(Year) (Hour)	While Not while at work	RED   21F. HOW DID	INJURY OCCUR?	
	hereby certify the		e deceased from Lithat death occurred		the causes and on the	
ai	GNATURE ON M.	us Dont	Wood. Evan	ener 2 Keus	trys Balt	DATE SIGNED 2716
23. B	URIAL, CREMATIC EMOVAL (SPECIFY) rial	2/25/56		ETERY OR CREMATOR	Baltimore, M	

BECENED

BUREAU V. S.

**LEB** 89 1956

Supply every item of information carefully. The

especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

2

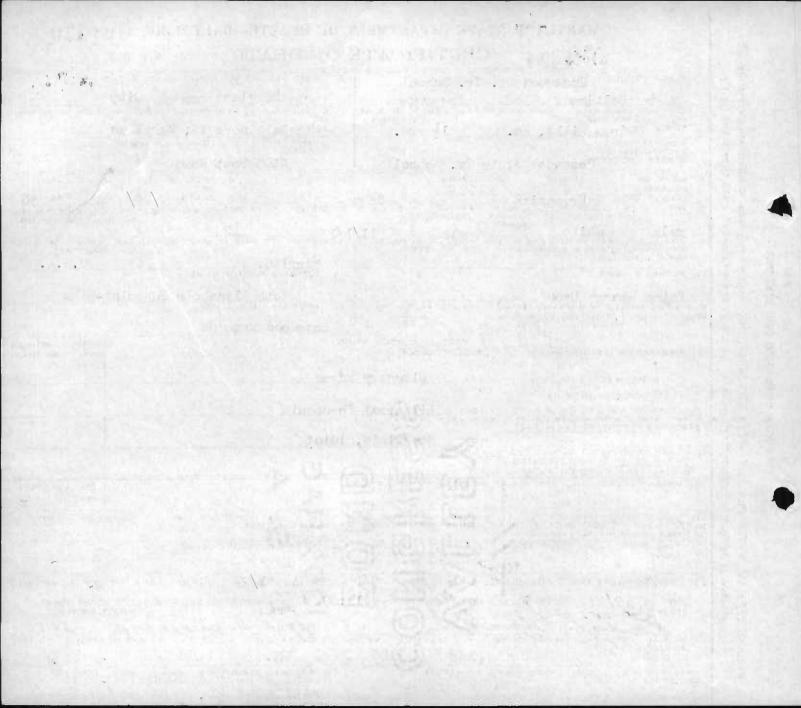
correct age

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01370

CERTIFICATE OF DEATH

	0	_	
Reg.	Dist.	No.	

	neg. Dist. No.
1. PLACE OF DEATH: Rosewood St. Tr. School	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY City
CITY (If outside corporate limits, write RURAL or and give nearest town)  TOWN Owings Mills, Md.  LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 15, Maryland 3/0/-4
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
/2 STREET ADDRESS Resewood State Tr. Shhool	4505 Post Read
DECEASED: PETER Behm	
RACE: WIDOWED, DIVORCED, (Specify):	OF BIRTH: 9. AGE last birthday Frunder 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retire ONE OR INDUSTRY:	1/13 AZ CITIZEN OF WHAT COUNTRY?  Maryland  U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Peter George Behm  15. Was Deceased Ever In U.S. ARMED FORCES!   16. SOCIAL SECURITY NO.	Meta Elizabeth Susemihl-Behm 17. INFORMANT & ADDRESS:
(Yengo, or unk.) (If Yes, give war or dates of service) NONE	Rosewood Records
18. MEDICAL CERTIFICATI	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
498 X	
IMMEDIATE CAUSE (A) Pulmonary	Edema
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B) Bilateral	Pneumonia
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	THO MINOR CO.
(c) Mongoloid,	idiet
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19 54 to 2/29, 1956, that I last saw the deceased
	1:00a M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
Coulst. Hunke	D. 2920 N. CALVERT ST. 2-29-56
REMOVAL (SPECIFY)	PARK CEM.   BALTIMORE MD. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2HENRY SANDER & SONS INC. ADDRESS



1. PLACE OF DEATH: ROLL WOOD	Training Salisa	2. USUAL RESI	DENCE (HOME) OF DEC	EASED:
COUNTY Ballinine	MARYLAND		aryland county Pr	
OR and give nearest town)	ite RURAL LENGTH OF STA	OR	e corporate limits, write RU	RAL and give
Y TOWN HOSPITAL OR		TOWN	(If rural give to	*>
INSTITUTION OR		ADDRESS		cation)
3. NAME OF (First) GLOW	(Middle) Dean	(Last) Bennell	0. Box 9132	<b>6</b> (Dну) <b>3</b>
DECEASED: (Type or Print)			OF DEATH: 2	25-56
/ Was a RACE: WID	GLE, MARRIED, OWED, DIVORCED, Cify): Sauge	5/3/50	9. AGE last birthday IF U	ths Days Ho
OA. USUAL OCCUPATION (Give kind of work done during most of working life.	OR INDUSTRY:	11. BIRTHPLACE	(State or foreign country)	
13. FATHER'S NAME:	NONE	14. MOTHER'S	AAIDEN NAME:	1
George Calvin Ben	nett	Larocco	Aileen Ten	
(Yes, no, or unk.) (If Yes, give war or dat no		17. INFORMANT		<u> </u>
I DISEASES OR CONDITIONS DIRECT	18. MEDICAL CERTIFIC	ATION		INTERV
491X		ronia, a	spiratory	3
ANTECEDENT CAUSE (5)	DUE TO		/	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	•		
	(c) Bargo	rlism		Bu
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	TO THE			
	JOR FINDINGS OF OPERAT	ON		20. / YES
21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, f OF INJURY street, office bld	actory 21c. WHERE INJURY OCC	DID (City or town) JR?	(County)
	r)   21E INJURY OCCURR	ED   21F. HOW DID	INJURY OCCUR?	

alive on 2/24, 1956, and that death occurred at 8:30 th from the causes and on the date stated above.

SIGNATURE

DATE SIGNED

M.D. Comp. Mills be 4 25 9 cl. 56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

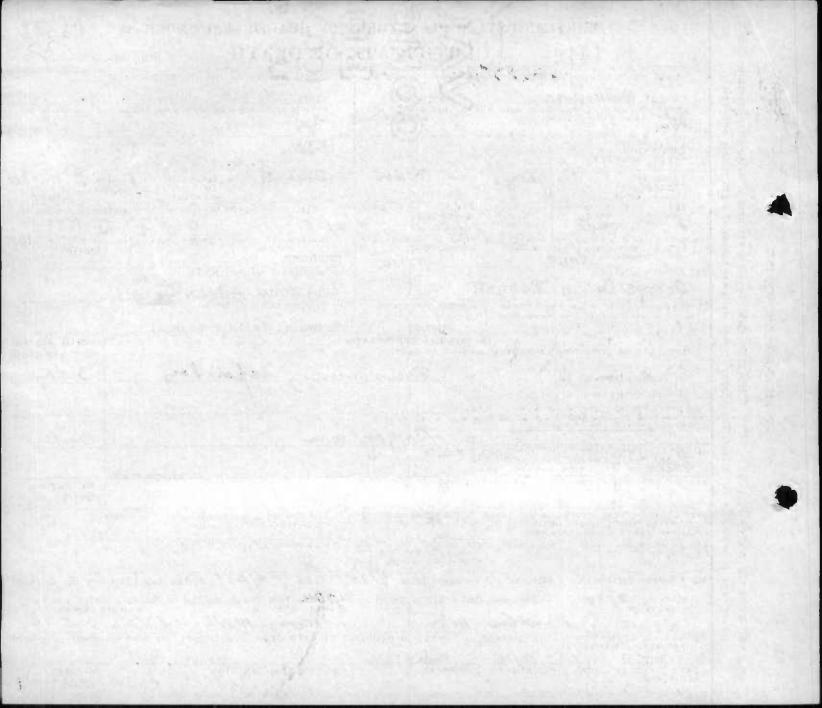
Burial

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS



ATTENDING PHYSICIAN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01372

# 1413 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DEC	EASED
COUNTY Baltimore	MARYLAND	STATE Md.	COUNTY	Baltimore
	NGTH OF STAY (in this place)	CITY (II outside corpo	irate limits, write RURAL and	give neerest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeysmill Road		STREET ADDRESS Coc.	keysmill Ro	
3. NAME OF (First) (Middle DECEASED (Type or Print) Charles F.	Berts	(Last)	4. DATE (Month) OF DEATH F	(Dey) (Year) eb. 10, 1956
S. SEX 6. COLOR OR RACE Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify) Marri	ed May	26,1877	_	F UNDER 1 YEAR   IF UNDER 24 HR.  Months   Deys   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if Employed OR INDU retired) Farmer Sett Employed		11. BIRTHPLACE (Stete or forei	gn country)	12. CITIZEN OF WHAT
13. FATHER'S NAME  Jacob Bettsch		14. MOTHER'S MAIDEN Sophi	e Hagar	
(Var no or unk )   /// Var nive was as dates of capital	LONE	Mr. Cha		rtsch, Reisters
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO	8. MEDICAL CER	Thom	tris	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	terras	elessos	ip_	no year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	abelis	melle	Tus	Hen year
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF O				20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office by  (IF EITHER, NOTIFY MEDICAL EXAMINER)	oldg., atc.)	Zic. WHERE DID INJURY OCCU		(County) (Stata)
21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) 21a. INJUI While M. et work	NY OCCURRED  Not while et work	21f. HOW DID INJURY OCCU	R?	
22. I hereby certify that I attended the deceased				that I last saw the deceased
alive on, 193, and that	M.D. (	Pecetico to	TESS (Steat, city, town,	staye) DATE SIGNED
Burial Feb.13,1956	Lorrain	ne Cemetery	Baltimos	(0)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  DATE 2-12-56 REGISTRAR'S SIGNATURE	, Eline.	J.F. Eline		ADDRESS Lateratown . Md.

SE SEGMENTARE SELAM TO THE METERAL STATE CHAIN PRAIN

# CARCERTIFICATE OF DEATH

Contract of Contract of March 1881

AND DESTRUCT

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BUREAU V. S.

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AN MICHELLAND AND STREET STREET STREET STREET STREET

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executed within 24 hours after death.

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

# ATTENDING PHYSICIAN & HOSPITAL: The law requires that the death certificate it. The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01373

#### CERTIFICATE OF DEATH 1414

30 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Md. COUNTY
CITY (It outside corporate limits, write RURAL   LENGTH OF STAY	CITY (Il outside corporete timits, write RURAL and give neerest town)
52 TOWN Catonsville (in this place)	TOWN Baltimore 3Vol-4
HOSPITAL OR HOUSE IN PINES	STREET (If rurel give location) ADDRESS
70 STREET ADDRESS 16 Fusting Ave.	524 Edgewood St
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Caroline M. Biemill	er DEATH Feb. 6/56 19
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single Aug.	Months   Days   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) None None	Baltimore. Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henry Biemiller	Caroline M. Preisz
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Mrs. Caleb Dorsey. 3513 Edmondson
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
420/ IMMEDIATE CAUSE (A) Coronary occi	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	ar disease 3 yrs.
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Arterio scler	osis ?
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
O LOS LOS LOS LOS LOS LOS LOS LOS LOS LO	YES NO 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED V/hile Not whila et work et work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May	, 19 52, to Feb. 6, 19 56, that I last saw the deceased
alive on Dec. 30, 19.55 and that death occurred a	4.30M, From the causes and on the date stated above.
SIGNATURE SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
M.O. C	220 Garrison Blvd. 2/7/56
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BUTIAL  DATE THEREOF  NAME OF CEMETERY OF  REMOVAL (SPECIFY)	CREMATORY PL. LOCATION (City, Jown, or county) (State)
LEB 9 1956 REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Click Horry H. With 4101 Samondson

MARYLAND TTATE DEPARTMENT OF HYARTH-BALTENGER, 18

# HTARG TO STADISTITION IN INC.

AND DISC NO.

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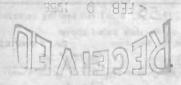
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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

	1415 CERTIFICATE OF DEATH Reg. Dist.	No
>	1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED	:
and legibly	COUNTY COUNTY MARYLAND STATE MOSSIAL COUNTY	02V 1
leg	COUNTY MARYLAND STATE VIMIL COUNTY  CITY (If outside corporate limits, write RURAL LENGTH OF STAY)  CITY (If outside corporate limits, write RURAL at	d give nearest town)
nd	OR and give nearest town)	
	HOSPITAL OR . COLL 11 STREET (If rural give location)	
clearly	14 STREET ADDRESS - Drug Gove Vale Hopital Mil. House of Correction Bre	dwell med.
death o	DECEASED: (Type or Print) Joseph Blitzman DEATH: 2 /	(Year) (Year) 1956
of	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single   5 - 24 - 1898   9. AGE last birthday   IF UNDER 1 YE   Months   Ds	
causes	IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS   II. BIRTHPLACE (State or foreign country):   12. (	COUNTRY?
	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	-
th	Michael Rebeca	
se write the	15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates unknown of service)  16. SOCIAL SECURITY NO. 179 INFORMANT & ADDRESS:  LECOULS AFRICA. From State	Hacp.
please	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
**	IMMEDIATE CAUSE  (A) Cardio-Vascular desiare  DUE TO	
Physicians	IMMEDIATE CAUSE  (A) CONTROL OF TO	
31CI	(Cenelval leavest of the	
nys	GIVING RISE TO THE ABOVE CAUSE DUE TO	
	STATING UNDERLYING CAUSE LAST.	
important.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rta	TO THE DEATH BUT NOT RELATED TO THE	
odi	DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
H		20. AUTOPSY?
II y	CONTRACTOR OF THE PROPERTY OF	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (INJURY OCCUR?)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	(State)
is esi	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	
d)	22. I hereby certify that I attended the deceased from Dec. 7, 1953, to Feb. 16, 1956, that I last	saw the deceased
80	alive on Feb. /6 (, 1956 , and that death occurred at 6:50 A.M., from the causes and on the date s	
ct.		E SIGNED
rrect	J. Dlyse William M. Doffing Drove State Hosp. 2-1	6-56
00	23 BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or	county) (State)
	Exemply (Specify) 2/21/56 Win And Med School Baltimore Th	11
	DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS

All Callery,

BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1416 CERTIFICATE OF DEATH

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Keg.	Dist.	No	·	 	herest		

	1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DE	CEASED				
	county Baltimore	MARYLAND	STATE Marvl	and county	Carroll				
	CITY (If outside corporate limits, write RURAL OR and give neerest town)	orete limits, write RURAL LENGTH OF STAY CITY			(If outside corporete limits, write RURAL and give nearest town)				
	X TOWN Fort Howard	10 Days	TONE	indsor		06x.2.			
	HOSPITAL OR	TO Days	STREET	LIIGSOF (If rural give		0 K - 0			
ě	50 STREET ADDRESS Veterans Administrati	on Hospital	ADDRESS			1			
	3. NAME OF (First) (Mic	idle)	(Lest)	4. DATE (Mont)		(Year)			
	(Type or Print) WILLIAM	P. 1	BLOOM, SR.	DEATH Fel	bruary :	13 10 56			
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE	OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
	Male White Widowith DIVOR		mber 5, 1894	61 yrs.	Months Deys	Hours Min.			
,	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if QR IN	OF BUSINESS DUSTRY	11. BIRTHPLACE (State or for		12. CITIZ	EN OF WHAT			
1	done during most of working life, even if retired) Painter Build	ings	New Windsor,	Maryland	U. S	NTRY A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
	Adam Bloom		Mary Azeal						
		OCIAL SECURITY NO.	17. INFORMANT &						
1	Yes no, or unk.) (If Yes, give wer or detes of service) Un	known	Clin.Rec.	, Vet . Adm . Hosp	Ft. How	ard, Md.			
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI	RTIFICATION		INT	ERVAL BETWEEN			
A	16/X IMMEDIATE CAUSE (A) RESIDU	IAT. CARCTNOM	A OF LARYNX WI	TH METASTAST		ince			
	TO TEE		PLEXUS AND THE						
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	I Dittolizzari	I IIII, OU THE THE						
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
3	190. DATE OF OPERATION 196. MAJOR FINDINGS OF Laryngectomy	OPERATION - Squamous	Carcinoma four	d		S NO			
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, I OR CONTRIBUTING 2CAUSE OF DEATH OF INJURY street, offic (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCC		(County)	(Stete)			
Š	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. IN White	JURY OCCURRED Not while	21f. HOW DID INJURY OCC	UR?					
	M. et work								
	22. I hereby certify that kattended the decease	d from Feb. 3.	, 1956 , to Fe	b. 13 , 1956	, decidada	NO SOBOBOOK			
-	and the 2000000000000000000000000000000000000	at death occurred a	15:00P.M, from the	causes and on the da	ate stated abo	ve.			
10M	SIGNATURE PARTY IS	6	ADI	ORESS (Street, city, town	, stete)	DATE SIGNED			
1-55 1	D. D. MARK, M.D. IMUC		JAH. FORT HOWA	RD, MARYLAND	2-7	4-56			
7	23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town,	, or county)	(Stete)			
A15C	Burial 2-15-56	Presbyteria	an Cemetery	New Winds	or. Marvi	land			
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES				
8	DATE 16. 1956 Sawson	L. Farles	Wm.Cook-Bligh	t.Inc.6009 H	arford R				

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# MINGESTIFICATE OF DEATH

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED (Month) (Dav) (Year) 19 Months Davs Hours VIS. 112. CITIZEN OF WHAT COUNTRY?

LOCATION (City, town, or county)

500

ADDRESS

(State)

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and

1. PLACE OF DEATH:

BURFAL, EXEMATION.

REMOVAL (SPECIFY)

57 1 6 DATE REC'D BY LOCAL

REGISTRAR

DATE THEREOF

REGISTRAR'S SIGNADUR

COUNTY DO MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) CITY(if outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY and give nearest, town) (in this place) OR TOWN TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) (Last) 3. NAME OF DATE DECEASED OF (Type or Print) DEATH: SEX 6. COLOR OR 7. SINGLE, MARRIED 6F 8. DATE BIRTH 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED RACE (Specify) USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS (State or foreign country): work done during most of working life, OR INDUSTRY: even if retired): Taylo cr o 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO (Yes, no, or unk.) (if Yes, give war or dates of service) 18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES T NO T 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) While Not while 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY at work L at work 22. I hereby certify that I attended the deceased from Flot, 1956, to Flot, 1956 that I last saw the deceased alive on 1926, and that death occurred at 3 M, from the causes and on the date stated above. SIGNATURE ADDRESS. DATE SIGNED

NAME OF CEMETERY OR CREMATORY

24. FUNERAL DIRECTOR

W

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MARGIN RESERVED FOR BINDING

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE.	18	
1417	DILLE		O.	HEALTH—BALTIMORE,	10	

CERTIFICATE OF DEATH

Reg.			2	2
Reg.	Dist.	No.	~	-

01377

ly.			
	1. PLACE OF DEATH: ROSEWOOD Training School	2. USUAL RESIDENCE (HOME) OF DECEASED	):
legibly.	COUNTY Baltimore MARYLAND	STATE MA COUNTY MORE	toonerel
le	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY		nd give nearest town)
and	OR and give nearest town) (in this place)	OR TOWN Takoma (Porta	15 /4 0
	HOSPITAL OR	STREET (If rural give location)	10-11-00
II.	INSTITUTION OR A	ADDRESS (60)	Sie V
clearly	STREET ADDRESS NOSEWOOL ST. IT. JOHO	in som of them to	18.
	3. NAME OF (First) (Middle) DECEASED: All		Day) (Year)
death		onitant DEATH: Fall 2	5, 1936
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
Jo	M. White Specify: Single	10/24/19 36 yrs. 24 Di	ays Hours Min.
causes	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
ans	work done during most of working life. even if retired):	Gebrus Test my	COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	USA
the	Thomas Bonitant	Table Dil.	+
ite		EVEL Gittings Conitant	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	( Teke / z
	of service)	Gra & Doug ant 6 606 Vogean	Use mid.
please	18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
70	178X	at the of shoot.	
ans	IMMEDIATE CAUSE  (A)  DUE TO COMPARE	SION OF TRACHER AND HEAR	
Physicians	ANTECEDENT CAUSE (S)	RE	
nys	GIVING RISE TO THE ABOVE CAUSE DUE TO	TO EXTENSIVE METASTASES	E
4	STATING UNDERLYING CAUSE LAST.	NOMA.	
nt.	(C)		
rtant.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
portant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	N O	20. AUTOPSY?
y important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	restide.	20. AUTOPSY? YES NO
195	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO  //- /- /- /- /- /- /- /- /- /- /- /- /-	tetry. 21c. WHERE DID (City or town) (County	YES NO
pecially	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	ctory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	YES NO
especially	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factor of the contribution o	ctory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	YES NO
is especially	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M. 21E INJURY OCCURRE While at work ☐ at work ☐	etory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	YES NO NO (State)
is especially	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E INJURY OCCURRED While ☐ Not while ☐ at work ☐ at work ☐  22. I hereby certify that I attended the deceased from Marketing And August 19 August 1	ctory. 21c. WHERE DID (City or town) (County INJURY OCCUR?  D 21f. HOW DID INJURY OCCUR?  2 , 1957, to Fb 25, 1956, that I last	y) (State)
age is especially	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING ☐ OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRENT While at work ☐ at work  22. I hereby certify that I attended the deceased from Alexandre on 2/25/, 1956, and that death occurred at	ctory. 21c. WHERE DID (City or town) (County of the Injury occur?  D 21f. HOW DID INJURY OCCUR?  2 , 1957, to Fb 25, 1956, that I last of the causes and on the date s	y) (State) saw the deceased stated above.
age is especially	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from alive on 2/25/, and that death occurred at SIGNATURE	ctory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  2, 1957, to Fb 25, 1956, that I last 9.00P. M, from the causes and on the date s ADDRESS DAT	y) (State)
age is especially	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING ☐ OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRENTY While at work ☐ at work  22. I hereby certify that I attended the deceased from alive on 2/25/, and that death occurred at SIGNATURE	ctory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?  D 21f. HOW DID INJURY OCCUR?  2 , 1957, to Fb 25, 1956, that I last 9:00P, M, from the causes and on the date s ADDRESS  ADDRESS  DAT	y) (State)  saw the deceased stated above.
is especially	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING ☐ OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRENTY While at work ☐ at work  22. I hereby certify that I attended the deceased from alive on 2/25/, and that death occurred at SIGNATURE	ctory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  2, 1957, to Fb 25, 1956, that I last 9.00P. M, from the causes and on the date s ADDRESS DAT	y) (State)  saw the deceased stated above.
age is especially	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg. (1) OF INJURY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E INJURY OCCURRED While Not while at work at work  22. I hereby certify that I attended the deceased from alive on 2/25/, 1956, and that death occurred at SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  2, 1957, to Fib 25, 1956, that I last group, M, from the causes and on the date s ADDRESS  ADDRE	yes No (State)  Saw the deceased stated above. E SIGNED (State)
age is especially	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg. (1) TIME (Month) (Day) (Year) (Hour) OF INJURY Street, office bldg.  21D. TIME (Month) (Day) (Year) (Hour) While at work at work  22D. Time (Month) (Day) (Year) (Hour) At work at work  22. I hereby certify that I attended the deceased from alive on 2/25/, 1956, and that death occurred at SIGNATURE	ctory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?  D 21f. HOW DID INJURY OCCUR?  2 , 1957, to Fb 25, 1956, that I last 9:00P, M, from the causes and on the date s ADDRESS  ADDRESS  DAT	y) (State)  saw the deceased stated above.

RECEIVED 1956

and I great be so a

BUREAU V. S.

REGISTRAR'S SIGNATURE

24 REC'D BY REGISTRAR

01378

2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Baltimore CITY (it outside corporeta limits, write RURAL and give neerest town) Belair Road & Cherrol Road (Day) (Year) IF UNDER 1 YEAR IF UNDER 24 HRS Hours 12. CITIZEN OF WHAT COUNTRY? USA Kingsville, Md. Mrs. Margaret Gonnsen, Belair & Cherrol ONSET AND DEATH 20. AUTOPSY? YES T NO (County) (Stata) 4, to Feb. 15, 19.56, that I last saw the deceased DATE SIGNED Parkwood Cemetery | Date | 25. FUNERAL DIRECTOR'S SIGNATURE Baltimore. Leonard J. Ruck, 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF MEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

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BUREAU V. S.

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To be to the B. H. Charles E. T. E.

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ecuted within 24 hours after death.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01379

## CERTIFICATE OF DEATH 1419

Reg. Dist. No. 4

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate fimits, write RURAL end give nearest town)
OR end give neerest lowe) (in this place) (in this place)	or town Middle Riber
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR LA White Thorn Way	ADDRESS
3. NAME OF (First) (Middle)	4 White Thorn Way
DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Mr. William C.	Brandau   DEATH February 2nd 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED,	Manha I Sau Mana I Mar
	16, 1885 70 yrs. Months Days rours Min.
10e, USUAL OCCUPATION (Give kind of work dona during most of working life, aven if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rolired) Retired	Baltimore, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William O. Brandau	Florence Rush
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yes, give wer or detas of servica)	Mrs. Myrtle B. Young, Al Kingston Rd.
18. MEDICAL CER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	nain Occhinery 6 hours
ANTECEDENT CAUSE(S) DUE TO	) T.   1. 1   -   =
DISEASES OR CONDITIONS, IF ANY, (B) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	rolle vardioves aver during ) grans
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work	21f, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1954 to 7 187 1956 that I last only the decreed
alive on, 19, 19, and that death occurred at.	ADDRESS (Street, city, town, stata) DATE SIGNED
Carin Languard 40 14	(27 71 ) A & B A DO W - 6/61
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF NAME OF CEMETERY OF	CREMATORY LOCATION (City, lown, or obunity) (Siele)
Burial Few. 6, 1956 Loudon Park	Cemetery Baltimore, Marriland
24) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Cemetery   Baltimore, Maryland   25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE DO 1900 May Edit Verland	Leonard J. Ruck 5305 Harford Road #21.

MARYLAND STATE DEPARTMENT OF HEALTH-EALTINGER, IS

## CERTIFICATE OF DEATH

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2411 N. Charles Street, Baltimore

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## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Ballings	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	TY But
CITY (If outside corporate limits, write RUR/OR give nearest town)	AL and   LENGTH OF STAY	CITY (If outside corposate limits, write RURAL and OR TOWN PARKVINE	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3003	ACTON Rd	STREET (If rural, give location) ADDRESS 3003 ACTON Re	!
3. NAME OF (First) DECEASED (Type or Print)  SUSAN	(Middle)	BRANDT 4. DATE (Month) OF DEATH FEB	(Day) (Year) 19 1956
5. SEX 6. COLOR OR RACE	7. SINGLE, MANNED, WIDOWED, DIVERSED, (Specify)	S. DATE OF BIRTH  JAN 17. 1814 9. AGE lest birthday If und Month  yrs. Wre.	er 1 year   If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTY A
13. FATHER'S NAME BRANG	17	14. MOTHER'S MAIDEN NAME	9 0
15. Was Deceased Ever In U.S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Lenis (. BRANDT 3005 A.	Tom Rd
	18. MEDICAL CE	RTIFICATION	I
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	0.	INTERVAL BETWEEN ONSET AND DEATE
581.0.	Cincles in	liver	1 augus
Immediate cause (a)	+ will oses of		0 77-0-2
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Hemiplegia		18 ms
stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	h.		
19a. DATE OF OPERATION 19b. MAJOR F			20. AUTOPSY7 Yes No
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
on Ti la Control Total Jak	3	, 1414, to Feb 19, 1954, that I last	
22. I hereby certify that I attended the alive on February, 1956, an	d that death occurred at.	Sof. m., from the causes and on the date	stated above.
G. M. Bacon n	(Degree or title)	2810 Taylo Cere 2/20	LTC
23. BURIAL, CREMATION   DATE THEREORY REMOVED   Specify) Jeh 23	1956 NAME OF CEMETE	2 2	Penn (State)
DATE REC'D BY LOCAL REGISTRAN'S REG. 2/20/56 4. M. 4	SIGNATURE	Chas F. Evans + Son 880%	HARTERY Rd.

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

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FEB 23 1956 DECEINED

MADNIA PER PERAPENTA OF A	TEALBIL DALBUMODD
MARYLAND STATE DEPARTMENT OF A MEDICAL EXAMINER'S CER	TIFICATE OF
county Ballo Maryland	2. USUAL RESIDENCE (HOME) O
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and the nearest town) (in this place)	CITY (If outside corporate limit OR TOWN
HOSPITAL OR INSTITUTION OR Beach Orive	STREET Beach Dr
3. NAME OF DECEASED: (First) (Middle) Bre	mer A 4. DATE OF DEATH
6. COLOGOR RANGE OF SINGLE, MARRIED, WIDOWED, DIVORCED May	16 4912 43
work done during most of work life, even if retired):	II. BIRTHPLACE (State or for
13. FATHER'S NAME: Bremer	Revers MAIDEN NAME:
15. WAS INCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: (Yes, no. r unk.) (If Yes, give war or dates of service)	17 INFORMANT & ADDRESS:
18. MEDICA	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)  DUE TO	Deelersion
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ OF street, office bldg., etc., CAUSE OF DEATH.	
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUI

While at

work

DATE THEREOF

REGISTRAR'S SIGNATURE

Not while

at work

NAME OF CEMETERY OR CREMATORY

M. D.

ich. Berkshir Rd. INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes | No (County) (State) 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I took charge of the remains described above, held an Autopsy [1], Inspection [7], Inquiry [1], and find that death resulted from: Natural causes Z, Accident [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED LOCATION (City, town, or county)

Reg. Dist.

write RURAL and give nesrest town

(Day)

Days

DEATH F DECEASED:

ural, give location)

Months

wip (Month)

yrs.

eign country):

No. 45

(Year)

Hours

12. CITIZEN OF WILAT

COUNTRY?

IF UNDER I YEAR | IF UNDER 24 HRS.

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INJURY

23, BURIAL, CREMATION,

REMOVAL (Specify) : Surla

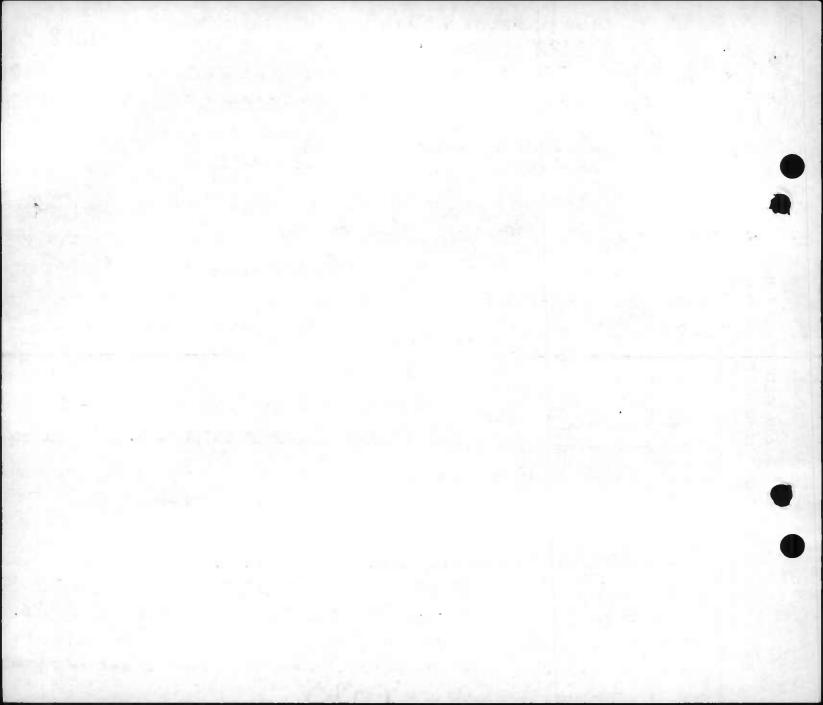
DATE REC'D, BY LOCAL

SIGNATURE

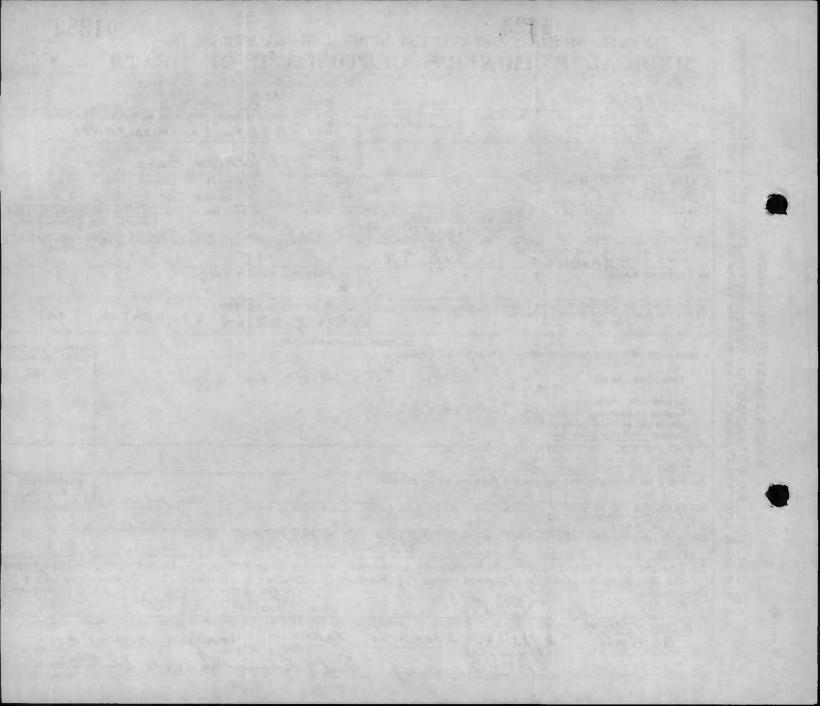
DECENTED SECTIONS

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF Reg. Dist. No. FilmG193 USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH ully. The legibly. MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and rive nearest town)
TOWN (in this place) (If outside corporate limits, write RURAL and give nearest town CITY carefully. OR TOWN and INSTITUTION OR HOME IN the Pines. ADDRESS STREET ADDRESS FUSTING AUE. clearly information (Year) (Month) (Day) 3. NAME OF (Last) OF DECEASED: 7. SINGLE, MARRIED. DEATII (Type or Print) 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. death 6. COLOR OR 8. DATE OF BIRTH WIDOWED, DIVORCED, Hours Months of 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 10s. USUAL OCCUPATION Give kind of Jo COUNTRY? work done during most of working life. item even if retired): causes 13. FATHER'S NAME 15 WAS DECRASED EVER IN U.S.ARMED FORCES? 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) | (If Yes, give war or dates of Supply write th service 18. MEDICAL CERTIFICATION ED Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death LOBAR PNEUMONIA days (a) Immediate cause DUE TO Antecedent causes (s) Physicians: FEMI PLEGIA-Diseases or conditions, if any, (b) . giving rise to the above cause DUE TO stating the underlying cause last. SENILITY ARTERTOSCLEROSIS Vears 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH important. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No D (STATE) (COUNTY) ACCIDENT (CITY OR TOWN) (Specify) PLACE (Home, farm, factory, street, SUICIDE office bldg., etc.) PLAINLY INJURY 110M1C1DE INJURY OCCURED HOW DID INJURY OCCUR? especially (Day) (Year) (Hour) Not While While at INJURY 22. I hereby certify that I attended the deceased from Jan 17.19.56 to Feb. 25., 19.56 that I last saw the deceased WRITE and, that death occurred at 12110 PM from the causes and on the date stated above. alive on (Degree or title) Road Catonsville CREMATION. 02 ADDRESS V REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL PLE REGISTRAR



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f infor	death
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information	the causes of
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WRITE	ago is as
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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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tem 2 Film G193 2-27	-56CFD	<b>TIFICAT</b>	E OF DI	ATH		
Masonic Hom	c Cu	eker will	e Mich	.74111	Reg. Dist. N	io. 37
1. PLACE OF DEATH		- Carrier	2. USUAL RES	IDENCE (HOME) OF	DECEASED	ut. C.
COUNTY Baltin	620	MARYLAND	STATE THE	reford COUNT	V XXII	01375-16- 9
CITY (It outside corporete limits, writ	a RURAL	LENGTH OF STAY	CITY (It outside	corporefe limits, write RURA		lown)
OR end give nearest town)	Nille	(in this piece)	OR TOWN	/ Baltimore	and the state and the state and the state and	7/3101.7
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9 STREET ADDRESS 7/101	orice Hr	JUC-	ADDRESS OF	Especial C	3-9-34	Burharit
3. NAME OF (First)	10	Middle)	(Last)	4. DATE (	Nonth) (Da	(Year)
(Type or Print) DetTier	ine /	laril	Duck	DEATH	5 2	1956
5. SEX 6. COLOR OR	7. SINGLE, MARRIE WIDOWED, DIV	D, 8. DATE	OF BIRTH	9. AGE last birthday	IF UNDER 1 YE	
temale while	(Specify)	ridgest Fel	1,27,181	/ / 9 yi		eys Hours Min.
10e. USUAL OCCUPATION (Give kind of done during most of working life, ev	work 10b. KINE	OF BUSINESS	11. BIRTHPLACE (State of	r foreign country)	12. 0	ITIZEN OF WHAT
retired) [ALL] 6111	10	III O O JIKI	Baltin	var mel		Us.a.
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	1 1	1. 1. 1
Colmon & Buc	Jenous.		march	tolan ak	1/1/1	Midelan
15. WAS DECEASED EVER IN U. S. ARM	ED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMAN	T & ADDRESS		1
(Yes, no, or unk.) (If Yes, give wer or de	eles of service)		1-41	Bun	red; m	remie Hon
	1510010 70 051711	18. MEDICAL CE	RTIFICATION	the first had	10,00	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	1614	Through	4 4 4		ONSET AND DEATH
400, / IMMEDIATE CAUSE	(A) LCL	oncery	Many	ALA		1 mar
Willegebelli Cuonelal	DUE TO	1			100	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)	\/				
STATING UNDERLYING CAUSE LAST.	(C)					
11 OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO T						
DISEASE OR CONDITION CAUSING DEA	ATH.					
19e. DATE OF OPERATION 19b	. MAJOR FINDINGS C	OF OPERATION				20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING	21b. PLACE (Home,	ferm, fectory.	2fc. WHERE DID INJURY O	OCCUR? (City or town)	(County)	(Stete)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY street, of				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
		INJURY OCCURRED	21f. HOW DID INJURY	OCCUR?		
CONTROL SINGE IN CORRECT	M. While					
22. I hereby certify that I at	tended the deceas	sed from Jella	11419 55 10	Tel. 6, 195	that I last	saw the deceased
alive on Telt, 7 , 1	1		t Bonne M. from	the causes and on the		
SIGNATURE	- 1/11	, J	(Cittary)	ADDRESS (Street, city, f	own, slele)	DATE SIGNED
Maltin	1. 1.	M.D.				3/756
23. BURIAL, CREMATION, DAT	E THEREOF	NAME OF CEMETERY	R-CREMATORY-	LOCATION (City, I	own, or county)	(Steta)
Burral 2	110/56	Worden	un Coment	Ten Word	aun )	mary land
24. REC'D BY REGISTRAR REGI	STRAK'S SIGNATURE	1 0	25. FUNERAL DIRECT	OR'S SIGNATURE	ADD	RESS
DATE	Frank X	Amitha	Wm Bo	role Inc.	2/7/	Paulte

BY JEDANY JAS-HULLIER TO THE PARKET TATE OF A LYBARIA

## CERTIFICATE OF DEATH

APPLICATION AND ADDRESS.

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BUREAU V. S.

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1425 CERTIFICATI	E OF DEATH Reg.	Dist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Balto. MARYLAND		COUNTY
CITY (If outside corporate limits, write RURAL OF STAY OR and give nearest town)  Catonsville	CITY (If outside corporate limits, write RUR OR TOWN Balto	AL and give nearest town
90 STREET ADDRESS Smithwood & Summit Ave. Wayne Nursing Home	STREET (If rural give location and statement of the state	cation)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ANNA MARIE BUECHN	(Last) 4. DATE (Month) OF DEATH: F15	(Day) (Year) /0 19 5 6
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UND Month 21. 1877 78 yrs.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):  10b. KIND OF BUSINESS OF INDUSTRY:  at home	R   II. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY?
John Malsy	14. MOTHER'S MAIDEN NAME: Kunigunda Hefner	
15 WAS DECEASED EVER IN U.S.ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS: r. Alexander Buechnet=2110 Bo	Iton C +
18. MEDICAL CERTIFICATION OF THE CONTROL OF THE CON	Hip Right Mellitus. Ins Ulcars Extensive Damentid	•
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
O Non 2		Yes No
21. ACCIDENT (Specify)  SUICIDE  HOMICIDE  (Specify)  PLACE (Home, farm, factory, street office bldg., etc.)	1 Ch m : - C m n V . 13 /270 // 04	(STATE)
HOMICIDE INJURY LOS DIFE	HOW DID INJURY OCCUR?	28 mc
O3 OF INJURY ///7/51 m. While at Not While At Work	Fellout of Bre	_
22. I hereby certify that I attended the deceased from / F25	,195 6 to 10 F25, 1956, that I	last saw the deceased
He fe that M. O (Degree or title) 07 Ed	7: 45 P.M.; from the causes and on the condition of the c	DATE SIGNED
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF COMPTE	DY OD CDEMATODY   I OCATION /City town	or county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  Cremation  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REGISTRAR  REGISTRA	Crem Balto.,  24. SUNERAL DIRECTOR  24. SUNERAL DIRECTOR	or county) (State)  Mcl. Appress

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

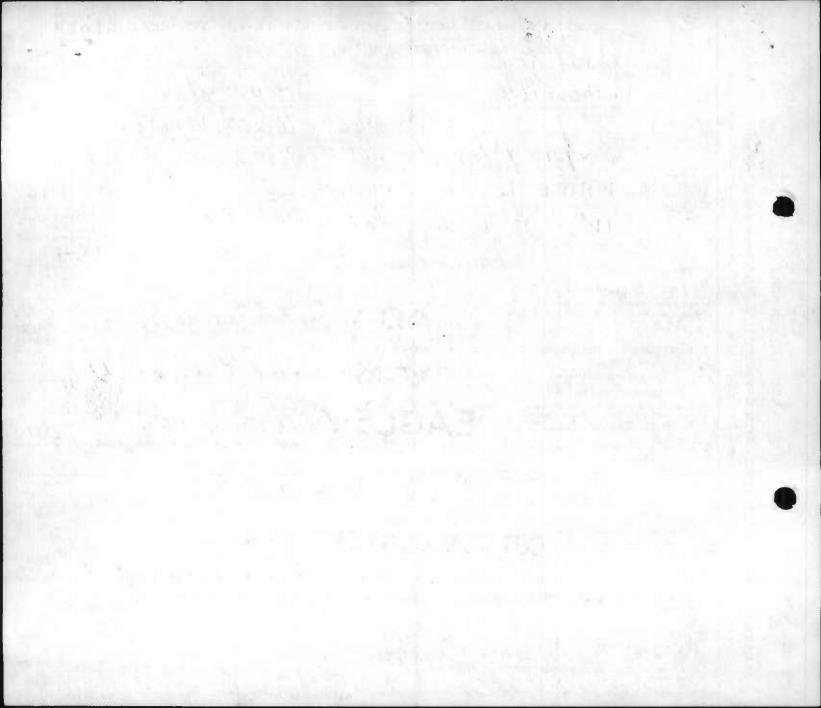
VS. A15

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0/1	MARILAND S	TATE DEPARTME.	NT OF HEALTH	-BALTIMUKE,	18 (17900
	Bathung	CERTIFICAT	E OF DEAT	H Reg.	Dist. No.
ly.	1. PLACE OF DEATH:		2. USUAL RESIDE	NCE HOME) OF DECE	ASED:
carefull legibly.	COUNTY GOUSILL	MARYLAND	STATE MON	y webunty	130 to
tion ca	CITY (If outside corporate limits, write OR and give nearest town)	RURAL LENGTH OF STA	CITY(If outside co	phorate limits, write RUF	AL and give nearest town)
item of information carefull of death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS	YUNE HAYNA	ADDRESS BU	d Rwa give local	ove Rel.
of in eath c	3. NAME OF DECEASED: (Type or Print) MABLE L	OUISE CAN	POWELL.	4. DATE (Month) OF DEATH: TE D	(Day) (Year) 2V 1956
y items of d	Specify	VED DIVORCED.	pt 1,1886	69 yrs. Month	
Supply every ite the causes	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	OB. KIND OF BUSINESS OR INDUSTRY:	Balto,	tate or floreign country):	12. CITIZEN OF WHAT
K. Supply write the	13. FATHER'S NAME:	rousevy s	14. MOTHER'S MAI	IDEN NAME:	+
Suite	IS, WAR DECEASED EVER IN U.S. ARMED FAREST	16. SOCIAL SECURITY ND.	7. INFORMANT &	ADDRESS: 13 Rs	vow.
WRITE PLAINLY, WITH UNFADING INK. especially important. Physicians: please wr	(Yes, no, or unk.) (If Yes, give war or dates of service)	13-10-1206	Eleanor Man	hall white	march, max
NG IN	I DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CERTIFICAL LEADING TO DEATH	ATION		INTERVAL BETWEEN
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TH UNFAI	ANTECEDENT CAUSE (S)	DUE TO D -1	F W. 11 7		
I U	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) Wrasele	& menti	4 - 1	
TTI	STATING UNDERLYING CAUSE LAST.	CC) SENLICITIES	of autubac	ews our	
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO	ONTRIBUTIAL	notive and c	redike lula	ugo au
NI	DISEASE OR CONDITION CAUSING E	R FINDINGS OF OPERATION	ON		
LAI y in					YES NO
VRITE PL especially	21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1B. PLACE (Home, farm, for INJURY street, office bldg	g., etc. INJURY OCCUR		County) (State)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	ED 21F. HOW DID IN	JURY OCCUR?	
e 0	22. I hereby certify that I attended t	he deceased from	1933, to 18	6 22, 19 5 that I	last saw the deceased
YPE of ag	alive on Abarra, 19, an	nd that death occurred a	M, from the	causes and on the	late stated above.
SE TYI	4.16		M. D. Spanny 4	10/2/10 mul	2/22/56
PLEASE TYPE correct ag	23. BURIAL, CREMATION, DATE THERE	36 name of CEME	TERY OR CREMATORY	Relay h	vivor county) (State)
PL	DATE REC'D BY LOCAL   REGISTRAR'	'S SIGNATURE	2 A FUNERAL OL	REGIONA SOLL	ADDRESS
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VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EVALUATE S CERTIFICATE OF D

02531 Reg. Dist.	

MEDICAL EXAMINER'S CERT	IFICATE OF DEATH N	Vo
I. PLACE OF DEATH:	USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and g OR TOWN Baltimore 1	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 922 Roland View Avenue	STREET (If rural, give location) ADDRESS 507 Myrtle Avenue	V
DECEASED: (Type or Print) WILLYAM WALTER ALEXANDER CAP	RROLL 4. DATE (Month) (Day) OF DEATH 2 9	(Year) 19 56
5. SEX:    6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify): Married   8. DATE OF COLORED   8. DATE OF COLORED   9. Lb.   1.	19 1904 51 yrs. Months Days	Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):  10b. KIND OF BUSINESS OR INDUSTRY: Privote-Family		S.A.
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Unknown	uknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.: 17.	INFORMANT & ADDRESS:  Maggie Carroll- Same	
18. MEDICAL	CERTIFICATION	INTERVAL BETWEEN
Immediate cause  DUE TO  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause  Stating underlying cause last (c)	ary occlusion	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	1 21c. (City or town) (County)	20. AUTOPSY? Yes CONo C
21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc., INJURY	21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work ☐ at work ☐		Y
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes 25, Accident SIGNATURE  23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY REMOVAL (Specify):  24. THEREOF NAME OF CEMETERY REMOVAL (Specify):  25. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY REMOVAL (Specify):  26. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY REMOVAL (Specify):  27. THEREOF NAME OF CEMETERY REMOVAL (Specify):	nt   , Suicide   , Homicide   , Undetern  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  OR CREMATORY LOCATION (City, town, or count  CALLED LOCATION (City, town, or count  24. FUNERAL DIRECTOR	DATE SIGNED
0 10 00 10	7 20.00.00	18

Anne All 186 dellanou Mat Butinou mich

2411 N. Charies Street, Baltimore

## 1428 CERTIFICATE OF DEATH

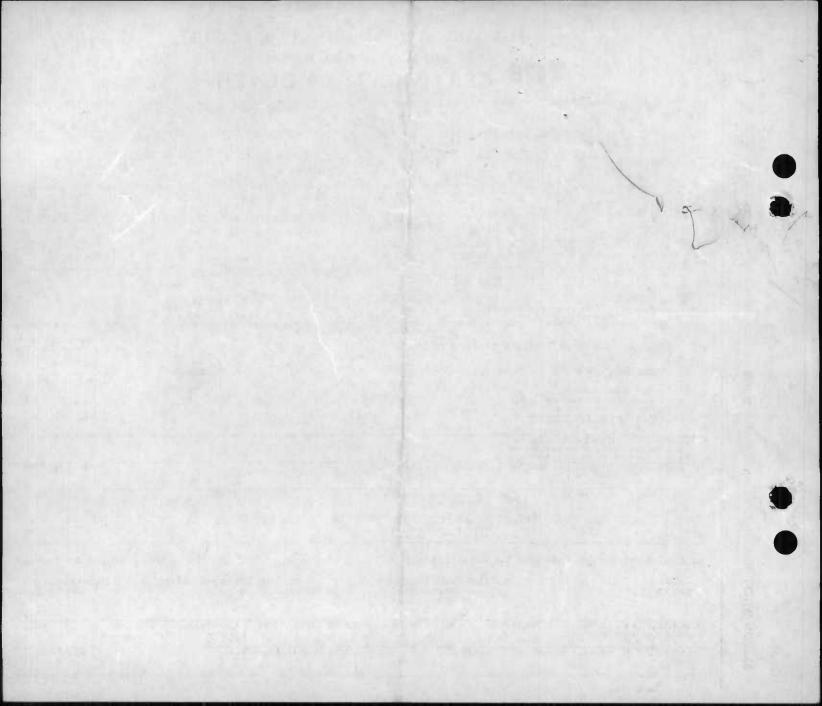
Reg. Dist. No.

I. PLACE OF DEATH		2. USUAL RESIDENCE STATE	(HOME) OF DE		20035	
COUNTY BALTCO C 0 - MARYL	AND	m D.		COUN	BA	LTA
CITY (If outside corporate limits, write RURAL and   LENGTH	OF STAY	CITY (If outside corp.	orate limits, write	RURAL and	give neare	st town)
OR give nearest town) RURAL (in this TOWN	s place)	TOWN M 7. V	VASHI	ZETA		X
HOSPITAL OR		STREET		give location		
INSTITUTION OR STREET ADDRESS (112 FALLS R.)		ADDRESS		-1		
3. NAME OF (First) (Middle)			FIFAAS	A.D.		
	,	(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type of time) / ODI.///			DEATH	2-	16	195%
6. COLOR OR RACE 7. SINGLE, MARK		8. DATE OF BIRTH	9. AGE last hir	thday If und	ler I year	If under 24 hrs Hours   Mln.
(Specify)		AP.4-1910	35-	yrs. I / E	Days	Mours Main.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Bus	SINESS OR	II. BIRTHPLACE (State		/ ~	12. CITIZI	
done during most of working life, even if retired) INDUSTRY ETVS	School	KICKN	10ND V	17	COUNTR	17/5/2
13. FATHER'S NAME	6	14. MOTHER'S MAIDE	N NAME			
JOHN (1718/E)			2			
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECUR	RITY No.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown) (If yes, give war or dates of	-20-29	7(-	ned's			
		/	7			
		RTIFICATION			INTER	VAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	ATH	_			ONSE	AND DEATH
260X		1000	0	10 1	100	21.5.1
Immediate cause (a)	eco-	7/0		UN		nemag
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	Ol	Beily	749 ** 001 001 0 0 0 0 101 ** 0 0 0 0 0 0 0	**************************************	***************************************	eriker eer it televroord dessischen relativ van de sees ee
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPE	RATION				20. A	UTOPSY?
					Yes	
21. ACCIDENT (Specify)   PLACE (Home, farm, fact	tory, street,	(CITY OR	TOWN)	COUNT		STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY				(000111	-/	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURR OF While at Not W		HOW DID INJURY O	CCUR?			
	work					
22. I hereby certify that I attended the deceased from	246-	, 1956, to 2.16	, 1956,	that I last	saw the	deceased
		930 m., from th	e causes and o	n the date	stated al	hove.
SIGNATURY Degree or t	title)	ADDRESS	~	m 0 1		E SIGNED
- Mostillelele	erelo	32/ Dec	Her	PROV.	12	2/16/2
23. BURIAL, CREMATION DATE THEREOF NAME OF	F CEMETE	RY OR CREMATORY	LOCATION (CIT	y, town, or co	unty)	(State)
BURTRE 2/20/5 6 BALT	10,180	THONAY	1086/6	mi	).	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	1	FUNERAL DIRECT	OR MAN	12018	ADE	RESS
			A CHARLES	4/5	Ca Carlo	AMON VI
			10	AN 100		

portect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## 1429 CERTIFICATE OF DEATH

1. PLACE OF DEATH	et		2. USUAL RESID	DENCE	(HOME) OF	DECEAS	BED		
COUNTY Baltimore	MARYL	AND	STATE Maryl	and	COUNTY	Balt	timore		
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH O	FSTAY	CITY (If outside c	orporete	limits, writa RURAL				
X TOWN Brooklandville,		vrs.	TOWN Brook	clan	dville			- X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Road			STREET ADDRESS	ls l	(If rural g	ive locatio	on)	1	
3. NAME OF (First)	(Middle)		(Lest)		4. DATE (M	onth)	(Day)	(Yea	r)
(Type or Print) MARJORIE	ALICE	(	CASSELL	100	OF DEATH	Feb.	20.	195	6
5. SEX 6. COLOR OR 7. SING	LE, MARRIED, DWED, DIVORCED,	8. DATE C	OF BIRTH	9.	AGE last birthday		DER 1 YEAR		
Female White (Spec	married	March	30, 1880		75 yrs.	Month	Deys	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINES OR INDUSTRY		11. BIRTHPLACE (State or	foreign o	ountry)		12. CITIZE		AT
retired) Housewife	OK HADOSIKI	100	Worcester,	Eng!	land	24.0	U.S.		
13. FATHER'S NAME			14. MOTHER'S MAID	167		-	0000		
Alfred Lucardo Wells			Unknown						
15. WAS DECEASED EVER IN U. S. ARMED FORCES		URITY NO.	17. INFORMANT	& ADD	RESS				
(Yas, no, or unk.) (If Yas, give war or dates of service NO	None		W. Barry	7 Cas	ssell, Br	ookle	andvil	le, M	d.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	O DEATH	DICAL CE	RTIFICATION				INTE	RVAL BETY	/EEN
	Cevelra	01/2	coular a	<i>f</i>	Pa . 1		ON:	SET AND D	EAIR
ANTECEDENT CAUSE (A) _	Cereva	1 vas	course or	<u> </u>	new			U we	y
AITECEDENT CAOSE(S)	C 2	11			A 1				
DISEASES OR CONDITIONS, IF ANY, (B)	arterias	cles	stec #	= C	udeo	-			
GIVING RISE TO THE ABOVE CAUSE	avens	cles	dec #	= Co	useas	_			
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	arteries	cles	otec #=	= Co	was	<u> </u>			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	averes	cles	otec for	= Co	ndio	<u> </u>			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	FINDINGS OF OPERATION	cles	olec Har	= Co	ndio vear	2	20	D. AUTOPS	Y? /
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR	FINDINGS OF OPERATION		olec Harring	= C	iseas.	<u>e</u>	YES	□ NO	V
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OF NOTIFIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	FINDINGS OF OPERATION  ACE (Homa, farm, fector, RY street, office bldg., atc		otec Haracular ascular of		(City or lown)	e	1		V
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  21b. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF INJUR	FINDINGS OF OPERATION  ACE (Homa, form, fector, RY street, office bldg., alc  our) 21e. INJURY OCCL While No		21c. WHERE DID INJURY OF		(City or lown)	e (c	YES	□ NO	V
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19-a. DATE OF OPERATION  21-b. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Ho	FINDINGS OF OPERATION  ACE (Homa, farm, fector, RY street, office bldg., alc  our) 21e. INJURY OCCL While No M. at work at war	JRRED t while work	21f. HOW DID INJURY O	CCUR?			YES ounty)	NO (State	TX)
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF INJURY (MONITH) (Day) (Year) (Ho  22. I hereby certify that I attended the	FINDINGS OF OPERATION  ACE (Home, ferm, fector, street, office bldg., elc  our) 21e. INJURY OCCU While No et work at which are the deceased from	JRRED twhile work	21f. HOW DID INJURY O	CCUR?	-20., 19 <b>.5</b>	<b>6</b> that	YES ounty)	(State	TX)
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  21b. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Ho	FINDINGS OF OPERATION  ACE (Home, ferm, fector, street, office bldg., elc  our) 21e. INJURY OCCU While No et work at which are the deceased from	JRRED twhile work	21f. HOW DID INJURY OF	Pel	-20., 19 <b>.5</b>	that date sta	VES ounty)  t I last sated above	(State	ease
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR  21a. ACCIDENT WAS UNDERLYING   21b. PLO OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Ho  22. I hereby certify that I attended the alive on TALL 20, 19	FINDINGS OF OPERATION  ACE (Homa, farm, fector, restricted, office bldg., alcount)  21e. INJURY OCCUM, while No at work at work at work at work, and that death	JRRED twhila occurred as	21f. How DID INJURY OF	CCUR?	es and on the (Street, diy, to	that date stawn, stete)	ounty)  It last sated above Feb.	(State	ease
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  21b. ACCIDENT WAS UNDERLYING OF INJURY (FEITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Ho  22. I hereby certify that I attended the alive on The Above Cause Death Cause Of	FINDINGS OF OPERATION  ACE (Homa, farm, fector, restricted, office bldg., alcount)  21e. INJURY OCCUM, while No at work at work at work at work, and that death	JRRED twhila occurred as	21f. HOW DID INJURY OF	CCUR?	20., 19. Sees and on the	that date stawn, stete)	ounty)  It last sated above Feb.	w the decree.	ease
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Ho  22. I hereby certify that I attended it alive on.  SIGNATURE  33. BURIAL, CREMATION, J DATE THEREOF	FINDINGS OF OPERATION  ACE (Homa, farm, fector, RY street, office bidg., alc  bur) 21e. INJURY OCCL While No at work at  he deceased from , and that death	JERRED twhile coccurred at	21f. How DID INJURY OF	Pelone caus	es and on the SS (Street, clly, to n Road OCATION (City, to	date standard that date standard	t I last sated above Feb.	w the dece.	ease gne 956

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Supply every item of information carefully.

# PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. - 10 - 53 A15

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1430 CERTIFICATE OF DEATH Reg. Dist. No.

17	1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE Md. COUNTY			
gil		COUNTY Balto. MARYLAND				
and legibly	52	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY on and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR			
and		TOWN Catonsville	TOWN Baltimore 3 Val /			
death clearly	0.	HOSPITAL OR RIDGEWAY MANOR STREET ADDRESS 5742 Blands	STREET (If rural give location) ADDRESS			
le	73	5743 Edmondson Ave.	922 S. Charles St.			
2	3.		(Last) 4. DATE (Month) (Day) (Year)			
eatl		DECEASED: (Type or Print) BERTHA A. CHAMOW	OF DEATH: Feb. 26, 19 56			
P	5.	DAGE WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.			
of			22, 1896 60 yrs. Months Days Hours Min.			
ses	IOA.	USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT			
causes	work done during most of working life. OR INDUSTRY:		COUNTRY?			
	13	FATHER'S NAME:	Md. 14. MOTHER'S MAIDEN NAME:			
the	13.	FATHER'S NAME:	14. MOTHER S MAIDEN NAME,			
te	(	Charles H. Heintzeman, Sr.	Amolia Yeakle			
rri	16. V	VAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Clifton Park			
please write the		s, no, or unk.) (If Yes, give war or dates  none	Mr. Charles H. Heintzeman-Lake Cottege			
eg ex	-	18. MEDICAL CERTIFICAT				
ple	I	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
		1120.1	000/			
ns.		IMMEDIATE CAUSE (A)	1 Vecturion 7 hours			
13	ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY. (B) ANTENIOSCIONOTIC CARDIO VASSULAR DISEASE					
/si		SEASES OR CONDITIONS, IF ANY. (B) ANTENIOSCIONE	Vic Cardio Vascular Disease			
Physicians		VING RISE TO THE ABOVE CAUSE DUE TO				
		(C)				
ant		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
rt		TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
ıpc		DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N .			
nio.			20. AUTOPSY?			
especially important.	OR	. ACCIDENT WAS UNDERLYING	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?			
- 2.5		TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?			
· ===						
86	22. I hereby certify that I attended the deceased from 1757, 19, to 1956, that I last saw					
टड	alive on Feb. 26, 1956, and that death occurred at 11:30 AM, from the causes and on the date stated					
correct		SIGNATURE M	ADDRESS DATE SIGNED			
orr		Joy M. Jemmerman M	.D. 3202 Hartord Rd. Feb. 27,56			
õ	23.	BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY   LOCATION (City, town, or county) (State)			
	I	Burial 2/29/56 Western Ce	m. Balto. Md.			
9	D	ATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1 24 FUNERAL DIFFECTOR LADDRESS 7			
	R	EGISTRAR 2-2856	M. A. Jenny & sour leave in			

supplied in the later of the la

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

- 01390

		CERTIFICA	TE OF DEATH Reg. Dist. No							
1. PLACE OF DEATH: Baltimore  County			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Baltimore  City or town Woodlawn  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name-war. NONE							
						3. (a) FULL NAM		EMORY CHEUVRONT	3. (b) Social Security 705–03–804	
						4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Married	20. DATE OF DEATH February, 16th., 19 56	3.30 P						
7. Birth date of	••••	nie L. Cheuvront  6.(c) If allve, give age 50 years	21. I CERTIFY that death occurred on the date above stated; that I attended doc	eased from						
8. AGE: Year	Septemb Months 4	er, 20th, 1903  Days   If less than one day   26	Immediate cause of death	buration 5min.						
9. Birthplace Di	ckeyville	Balto. Co. Md.	Due to Cardio vascular disease	2 mos.						
11 Industry or husine	в. & О.	ef Clerk R. R.	Due to Arterio sclerosis							
12. Name Charles William Cheuvront 13. Birthplace Martinsburg, West. Va.  14. Malden name Ledie Electra Devese 15. Birthplace Woodlawn, Balto. Co. Md  16. Informant Mrs Charles Emory Cheuvront  Address 1909 Kernan Drive (7)			Dither conditions							
			(Include pregnancy within 3 months of death)  Major findings of operations							
						17Buri	a.1	Date thereof Feb. 2011 1956 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;     Accident, suicide, or homicide	
Cemetery or crematory Lorraine Park Cemetery Location Woodlawn, Balto.Co. Maryland			Where did Injury occur?							
18. Funeral direct Millia Laurore au			Means of Injury Injured at work?							
Address 4510	Liberty	Heights Avenue (7)	23. SIGNATURE Dealler & Miblett	or other						
19 Lebruary 1	8 1 19 56 egistrar)	G.W Registrat	OOOO Commisson Dilard	Feb. 1775						

BINDING FOR RESERVED MARGIN

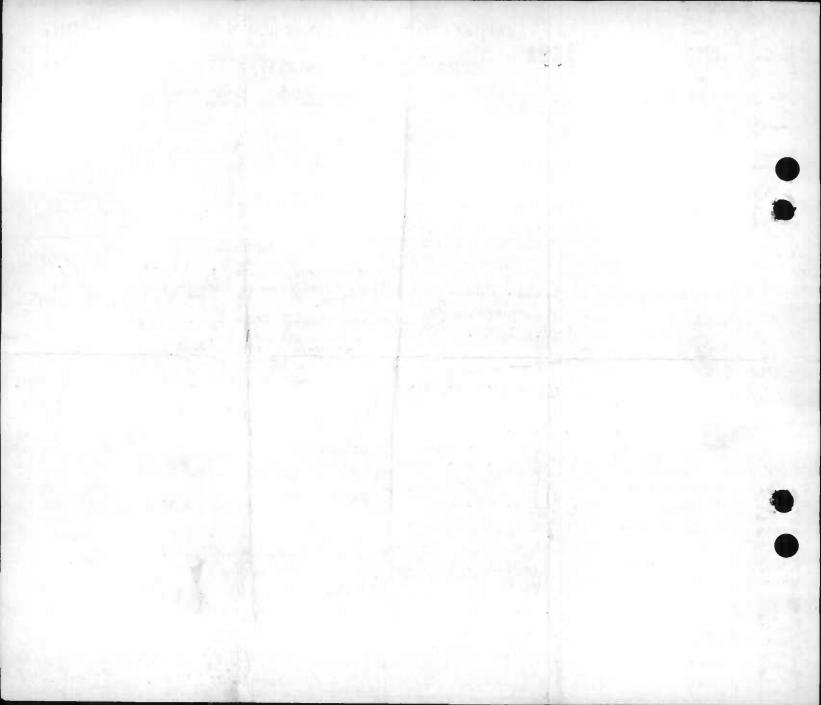
WITH UNFADING INK. Supply every item important. Physicians: please write the caus

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WRITE

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

## 1432 CERTIFICATE OF DEATH

Reg. Dist. No. 37

Ε	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
	COUNTY Baltingore MARYLAND	STATE Md. COUNTY Balto.				
	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give nearest town)				
	OR and give naarest town) TOWN SDALKS 37 UTS	TOWN Spar-KS				
	HOSPITAL OR	STREET (If ruled give location)				
	INSTITUTION OR Belfast Road	ADDRESS Belfast Rd.				
ä	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)				
i	(Type or Print) Charles Brooks Ch	hil coat DEATH Fabruary 3 1956				
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, Specify Married 29 June 1998 67 yrs. Months Days					
	10a, USUAL OCCUPATION (Giva kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
1	retired) Farmer Farming	sparks BaltoCo. Md. >1.5.A.				
ij	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Greorge Chilcoul	Ruth Brooks				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS				
3	(Yas, no, or ynk.) (If Yes, give wer or detas of sarvice) Z22-09-454	4 Wite - Same				
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH				
	( aronal )	throw basis 3 days				
5	4 MMEDIATE CAUSE (A)	1 2 1				
	ANTECEDENT CAUSE(S) DUE TO Arterio Salen	Tea, Orrdio- vascular disease, 8415				
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	7-0 (41,040 0-104)				
	STATING UNDERLYING CAUSE LAST. DUE TO (C)					
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
	DISEASE OR CONDITION CAUSING DEATH.					
po.	198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?				
9		YES NO				
	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc.)  [IF EITHER, NOTIFY MEDICAL EXAMINER]	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)				
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   2	NF. HOW DID INJURY OCCUR?				
	M. et work et work					
	22. I hereby_certify_that I attended the deceased from	1948, to Heliury, 1936, that I last saw the deceased				
8	2 10 % 27	L. P. M, from the causes and on the date stated above.				
٤	SIGNAPURE / DATE SIGNED					
2	Walter 1. I Cees M.D.	Cockey Sville Ind 3 Jebruary 1956				
,	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) (State)				
Ž.	Burial 7-6-56 Dosloys 1.	nelliodest speeds Dallo Co. Mo.				
3	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNEVAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS				
	DATE 6 Feb 1956 livne Urmistead Mackae	+ Scou Droots, Sparks, Mon				

ST UNIONSTANDAMENTAL SECURITION OF THE PROPERTY OF A STATE OF THE ACT OF THE PARTY OF THE PARTY

## HISE CERTIFICATE OF DEATH

· The second contact of

BUREAU V. &

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director, the third copy

INSTRUCTIONS

TO ATTENDING PHYSICIAN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death, certificate has been executed by the attending physician and completely filled in by the funeral director, the third condeath certificate assembly should be detached for use as a burial transit permit.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01392

## CERTIFICATE OF DEATH 1433

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALFIMORE MARYLAND	STATE March wd county Baltimore
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (II outside corporete limits, write RURAL end give nearest town)
OR end sive neerest town) (in this plece)	OR TOWN Parkelles To 1
HOSPITAL OR	STREET (If rurel glva focation)
INSTITUTION OR ALL	ADDRESS (If rure) give location)
STREET ADDRESS MY Carucl.	Mf Carmel.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) Effice Fear, Chi	1000+ DEATH Formary 11 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	
remale white specify Ylarried 1/4/3	1 22, 1881 68 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if OR INDUSTRY	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) / to USCLVILES / HOME	MARY/DNd- USA,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nicholas Mays	MArgaret Wilhelm
15. WAS DECEASED EVER IN U. S. ARMED FORCES / 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Aldridge Chilcoat, Parkton Ad
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
/ IMMEDIATE CAUSE (A) CATCINO.	ua Kertuer-Toman 140.
7047	
ANTECEDENT CHOSE(S)	
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 21 While Not while at work et work	IF. HOW DID INJURY OCCUR?
M. at work et work	
22. I hereby certify that I attended the deceased from JAN 4	1955, to Tebrury 11, 19 J. G, that I last saw the deceased
1506 11	1.30 M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
Just M.D. A	Hampslead med 2/11/56
23 BURIAY, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY   LOCATION (City, town, or county) (State)
Burner Feb 14/56 Saleur	WIB Ballo lo Ma
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS +
DATE 2-14-56 Many 13-2huma	all Elipton, Hampshed My

OF THE STATE DEPARTMENT OF STATE OF STATE OF STATE

STATE OF DEATH

ALTONOMIC NO DIRECT TOWNSHIP (AVAILABLE)

BUREAU V. S.

EEB IL 1026

DECENTED TO

274.56 Many B Shine

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1434 CERTIFICATE OF DEATH Reg. Die

Reg.	Dist.	No.

Charles R. Law Funeral Home ADI 802-04 Madison Ave., Balto., Md.

**ADDRESS** 

1303	G OZ BEILZIZ Reg. Dist.	140.	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:	
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY		
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY		nd give nearest town)	
OR and give nearest town) (in this place)	OR	211-11	
HOSPITAL OR . 135 91/Days	STREET (If rural give location)	3/01.4	
INSTITUTION OR	ADDRESS (II Tural give location)		
STREET ADDRESS VETERANS ADMINISTRATION HOSPI	TAL 2746 WINCHESTER St.	•	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (I	Day) (Year)	
(Type or Print) JAMES (NMI) C	LEVELAND DEATH: February	24 19 56	
5. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER I Y	EAR IF UNDER 24 HRS.	
	14/1899 1890 65 65 rs. Months D	ays Hours   Min.	
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT	
work done during most of working life, even if retired): TABORER		COUNTRY?	
13. FATHER'S NAME:	UNION S.C. U	.S.A.	
JOHN CRAWFORD CLEVELAND  15. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY ND.	ALANA NOTCH		
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:		
Yes of service) WW-I	CLIN. REC. VET. ADM. HOSP., FT. HO	WARD, MD.	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
IMMEDIATE CAUSE (A) FAR ADVANCE	D TUBERCULOSIS LEFT LUNG	UNKNOWN	
DUE TO	I TODDINO GROUP THE E STATE		
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO			
STATING UNDERLYING CAUSE LAST.			
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?	
		YES NO	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etcry, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	INSURT OCCURT		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?		
M. at work at work			
22. I hereby certify that X attended the deceased from Jan.	20, 19 56, to Feb24, 19 56, HAX XIXE	SAVERDUMORE	
SIGNATURE	7;15P M, from the causes and on the date a	stated above.	
		/25/56	
DONALD D. MARK, M. D. M.	ERY OR CREMATORY   LOCATION (City, town, or		
DEMOVAL (CDECIEV)	e National Baltimore, Md.		

REGISTRAR'S SIGNATURE

PLEASE TYPE OR WRITE PLAINLY, WITH A15 VS.

DATE REC'D BY LOCAL

10

item of information carefully. The

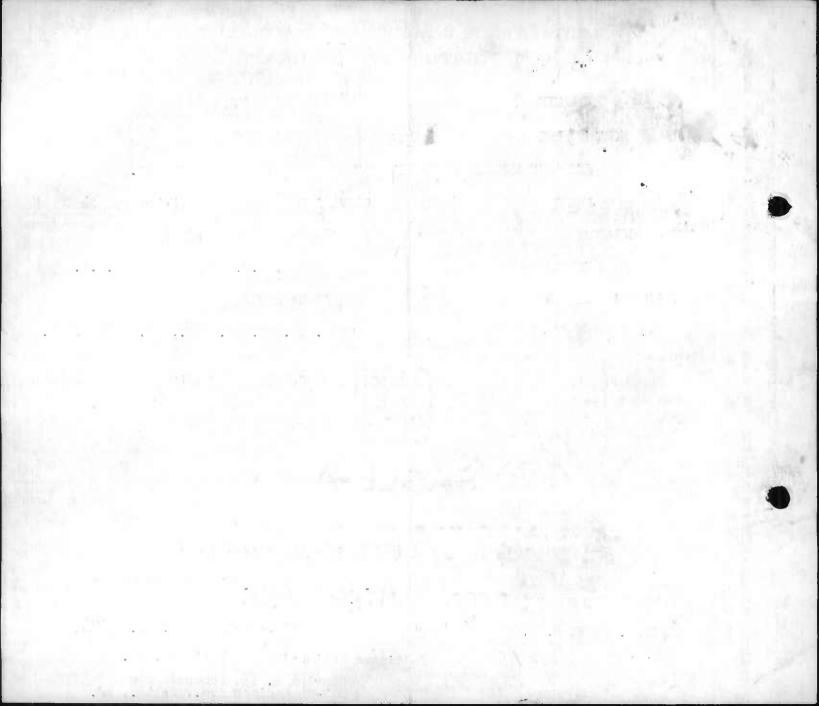
Supply every

UNFADING INK.

RESERVED FOR BINDING

MARGIN

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01394

Harford Rd., Balto. Md.

### CERTIFICATE OF DEATH 1435

			Reg. Dist	. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Baltimore	ARYLAND	STATE Maryland	COUNTY Anne	e Arundel
	IGTH OF STAY	CITY (if outside corporate lim		
X TOWN Fort Howard	in this place)	TOWN Annapolis		02-10-2
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give location)	
O STREET ADDRESSVeterans Administration	n Hospital	321 First	Street	v
3. NAME OF (First) (Middle) DECEASED		(Lost) 4.	DATE (Month)	(Dey) (Year)
(Type or Print) LAWRENCE W.	COLLI	SON	DEATH Februar	ry 28 1956
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE O	F BIRTH 9. AC	GE lest birthdey   IF UNDER	0 1/0
Male White Specify Single		iber 19, 1899 56	Ata.	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, avan if OR INDUS	BUSINESS	11. BIRTHPLACE (State or foreign cour	ntry) 12	COUNTRY?
retired) Handy Man Restaura	ant	Mayo, Maryland	1	J. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James Collison		Ida B. Gardiner		
	IAL SECURITY NO.	17. INFORMANT & ADDRES	S	
Yes, no, or unk.) (If Yes, give wer or detes of service)  Yes WW II Uni	cnown	Clin.Rec. Vet	. Adm. Hospita	L,Ft. Howard, Mo
	MEDICAL CER		78-20178-2-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	INTERVAL BETWEEN ONSET AND DEATH
527. / IMMEDIATE CAUSE (A) PULMONAE	RY EMPHYSEM	'A		ONSE! AND DEATH
ANTECEDENT CAUSE(S) DUE TO HEALED FIBROCASEOUS TUBERCULOSIS				
DISEASES OR CONDITIONS, IF ANY, (B)				UNKNOWN
GIVING RISE TO THE ABOVE CAUSE OUE TO				
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE 7 COR PITT MC	MALE 2. CI	RRHOSIS OF LIVER		
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OP	ERATION			20. AUTOPSY?
				YES NO
21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY straet, office bit (If EITHER, NOTIFY MEDICAL EXAMINER)		1c. WHERE DID INJURY OCCUR? (Cil	ly or town) (Coul	nty) (State)
		21f. HOW DID INJURY OCCUR?		
M. et work	Not while et work			
22. I hereby certify that A attended the deceased f	rom July 2	19.53 to Feb. 28	19 56 (65)	000000000000000000000000000000000000000
DOMESTIC DESCRIPTION OF THE PROPERTY OF THE PR				
SIGNATURE			(Street, city, town, state)	DATE SIGNED
D. D. MARK, M.D. Wallagh	M.D. T	AH. FORT HOWARD.	MARYLAND	2-29-56
	ME OF CEMETERY OR		ATION (City, town, or count)	(State)
	altimore No	ational Cemetery I	Raltimore Ma	mrland
24. AEC'D BY REGISTRAR 10 CREGISTRAR'S SIGNATURE	A P	25. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS
COEE G NAIVI	1 In . 100	1711 P B-1	XO. att	

Wm.Cook-Blight, Inc., 6009

## CERTIFICATE OF DEATH

THE NO. HELD THE SHIT 

BUREAU V. S.

3521 3 AAM

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

	1436	CERTIFIC	CATI	E OF DE	ATH		Disc. At	
1. PLACE OF			4	2. USUAL RESI	DENCE (HOM		Dist. No	) <b>.</b>
COUNTY BA	LTIMORE	MARY	LAND	STATE MARY		COUNTY		
CITY (If out	side corporete limits, write RU		OF STAY		corporate limits, wri		ive neerest to	wn)
K TOWN FOR	T HOWARD	1	ays		IMORE			3V
HOSPITAL OF	OR			STREET ADDRESS		(If rurel give lo	Company of the later of the lat	
	ESSVETERANS AD		OSPITAL	812	E. LOMBAI			
3. NAME OF DECEASE	(First)	(Middla)		(Lest)	OF	TE (Month)	(Day	
(Type or Print) 5. SEX	TIPENOTO	P. SINGLE, MARRIED,	8. DATE	CONNOR	1	ATH Feb		
MALE	RACE	WIDOWED, DIVORCED, (Specify) WIDOWED		30, 1893	9. AGE lest I	Mo	UNDER 1 YEA	
IDe, USUAL OCCI	JPATION (Giva kind of work	I 1Db. KIND OF BUSINE		11. BIRTHPLACE (State of	foreign country)	yrs.	12. CIT	IZEN OF
done during retired) ST	most of working life, even It EWARD	OR INDUSTRY STEAMSHIP L	TNE	BROOKLYN,			CO	UNTRY?
13. FATHER'S NA		Practional Line		14. MOTHER'S MAI			1 0 1	
PATRIC	K CONNOR			ANNA K	ILLIAN			
	ED EVER IN U. S. ARMED F		CURITY NO.	17. INFORMAN	T & ADDRESS			
YES TES	(If Yas, give wer or detes	054-07-		Clin.Re	c., Vet. Ad	m. Hesp.	.,Ft.He	war
I DISEASES OR	CONDITIONS DIRECTLY LEAD	DING TO DEATH	EDICAL CE	RTIFICATION			II C	NTERVAL ONSET A
12		DING TO DEATH  CARCINOM						ONSET A
150 × IM	MEDIATE CAUSE (.	DING TO DEATH						ONSET A
ANT DISEASES OR CC GIVING RISE TO	MEDIATE CAUSE (, ECEDENT CAUSE(S) DUE D'ADITIONS, IF ANY, ( THE ABOVE CAUSE	DING TO DEATH  A) CARCINOM  1 TO  18)					C	ONSET A
ANT DISEASES OR CO GIVING RISE TO STATING UNDERI	MEDIATE CAUSE  ECEDENT CAUSE(S)  NOTITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST.  (1)	DING TO DEATH  A) CARCINOM  1 TO  1 TO  1 TO						ONSET A
ANT DISEASES OR CO GIVING RISE TO STATING UNDER	MEDIATE CAUSE  ECEDENT CAUSE(S)  NOTIONS, IF ANY,  THE ABOVE CAUSE  YING CAUSE LAST.  DUE	DING TO DEATH  A) CARCINOM  1 TO  1 TO  1 TO						ONSET A
ANT DISEASES OR CC GIVING RISE TO STATING UNDERI  11 OTHER SIGNIFI TO THE DEATH DISEASE OR CC	MEDIATE CAUSE  ECEDENT CAUSE(S)  NOTIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST.  CANT CONDITIONS CONTRI BUT NOT RELATED TO THE SODITION CAUSING DEATH.	DING TO DEATH  A)CARCINOM  TO  TO  C)  BUTING	A ESOPH					L YE
ANT DISEASES OR CC GIVING RISE TO STATING UNDER! 11 OTHER SIGNIFIC TO THE DEATH DISEASE OR CC 19e. DATE OF OP	MEDIATE CAUSE  ECEDENT CAUSE(S)  DUE  ONDITIONS, IF ANY, THE ABOVE CAUSE  LYING CAUSE LAST.  (CONDITIONS CONTEIN  BUT NOT RELATED TO THE  SINDITION CAUSING DEATH.  ERATION  196. M  GAAT	DING TO DEATH  A) CARCINOM  TO  TO  B)  TO  C)  BUTING  TAJOR FINDINGS OF OPERATION  STROSTOMY	A ESOPH.	AGUS				L YEA
DISEASES OR CC GIVING RISE TO STATING UNDER!  11 OTHER SIGNIFIC TO THE DEATH DISEASE OR CC  19e. DATE OF OP 12-29-5 21e. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIFY	MEDIATE CAUSE  ECEDENT CAUSE(S)  DIDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  CANT CONDITIONS CONTRI BUT NOT RELATED TO THE ERATION 196. M  CAS UNDERLYING 12  CAUSE OF DEATH MEDICAL EXAMINER  (CAUSE OF DEATH MEDICAL EXAMINER)	DING TO DEATH  A) CARCINOM  TO  B)  TO  C)  BUTING  MAJOR FINDINGS OF OPERATION  TROSTOMY  1b. PLACE (Home, farm, factor of the finding of the farm)  TROSTOMY  The place of the farm of the farm of the finding of the	A ESOPH.		OCCUR? (City or to	·wn)		L YE
DISEASES OR CC GIVING RISE TO STATING UNDER!  11 OTHER SIGNIFIC TO THE DEATH DISEASE OR CC  19e. DATE OF OP 12-29-5 21e. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIFY	MEDIATE CAUSE  ECEDENT CAUSE(S)  NOTITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST.  CANT CONDITIONS CONTRI BUT NOT RELATED TO THE CONDITION CAUSING DEATH.  ERATION  196. M  GA  VAS UNDERLYING   2  CAUSE OF DEATH   C	CARCINOM  CARCINOM  TO  B)  TO  C)  BUTING  CARCINOM  AJOR FINDINGS OF OPERATION  STROSTOMY  Ib. PLACE (Home, farm, facts, findings, each, office bidg., each)  (Hour)  Zie, Injury Occupation  While  Note of the control of the contr	A ESOPH.	AGUS		wn)		20. AU
DISEASES OR CO STATING UNDER SIGNIFIC TO THE DEATH DISEASE OR CO 19e. DATE OF OP 12-29-5 21e. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJURY)	MEDIATE CAUSE  ECEDENT CAUSE(S)  DUE  THE ABOVE CAUSE  YING CAUSE LAST.  CANT CONDITIONS CONTRI BUT NOT RELATED TO THE  BODITION CAUSING DEATH.  ERATION  TO GAM  TO GAUSE OF DEATH  MEDICAL EXAMINER  JRY (Month) (Dey) (Yes	A) CARCINOM  TO DEATH  A) CARCINOM  TO DEATH  TO DEATH  A) CARCINOM  TO DEATH  TO DEATH  AJOR FINDINGS OF OPERATION  TO DEATH	A ESOPH.	AGUS  21c. WHERE DID INJURY O	OCCUR?		(County)	20. AL
ANT DISEASES OR CO GIVING RISE TO STATING UNDER!  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 190. DATE OF OP 12-29-9 210. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU 22. I hereby	MEDIATE CAUSE  ECEDENT CAUSE(S)  ONDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST.  CANT CONDITIONS CONTRIBUT NOT RELATED TO THE ENDITION CAUSING DEATH.  ERATION  AS UNDERLYING  CAUSE OF DEATH  MEDICAL EXAMINER  JRY (Month) (Dey) (Year	CARCINOM  CARCINOM  TO  TO  B)  TO  C)  BUTING  TAJOR FINDINGS OF OPERATION  STROSTOMY  The PLACE (Home, farm, facts  FINJURY street, office bidg., e  STROSTOMY  A.   21e.   INJURY OCC  While   A    al work   e  ded the deceased from	A ESOPH.  ON  ory,  itc.)  CURRED old while in work in	AGUS  21c. WHERE DID INJURY O  21f. HOW DID INJURY O	2-10-56	<b>A</b> Y	(County)	20. AL
ANT DISEASES OR CO GIVING RISE TO STATING UNDER!  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 190. DATE OF OP 12-29-9 210. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU 22. I hereby	MEDIATE CAUSE  ECEDENT CAUSE(S)  ADDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  CANT CONDITIONS CONTRIBUT NOT RELATED TO THE  ENDITION CAUSING DEATH.  ERATION  AS UNDERLYING  CAUSE OF DEATH  MEDICAL EXAMINER  JRY (Month) (Dey) (Year  CONTRIBUTION CAUSING DEATH  CONTRIBUTION C	A) CARCINOM  TO DEATH  A) CARCINOM  TO DEATH  TO DEATH  A) CARCINOM  TO DEATH  TO DEATH  AJOR FINDINGS OF OPERATION  TO DEATH	A ESOPH.  ON  ory,  itc.)  CURRED old while in work in	AGUS  21c. WHERE DID INJURY Of 21f. HOW DID INJURY Of 5, 195	2-10-56 the causes and	AP	(County)	20. AL
IM DISEASES OR CC GIVING RISE TO STATING UNDER!  II OTHER SIGNIFIT TO THE DEATH DISEASE OR CC  190. DATE OF DO 12-29-5 210. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJ.  22. I hereby	MEDIATE CAUSE  ECEDENT CAUSE(S)  ADDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  CANT CONDITIONS CONTRIBUT NOT RELATED TO THE  ENDITION CAUSING DEATH.  ERATION  AS UNDERLYING  CAUSE OF DEATH  MEDICAL EXAMINER  JRY (Month) (Dey) (Year  CONTRIBUTION CAUSING DEATH  CONTRIBUTION C	CARCINOM  CARCINOM  TO  TO  B)  TO  C)  BUTING  TAJOR FINDINGS OF OPERATION  STROSTOMY  The PLACE (Home, farm, facts  FINJURY street, office bidg., e  STROSTOMY  A.   21e.   INJURY OCC  While   A    al work   e  ded the deceased from	A ESOPH.  ON  ON  CURRED    It work    12-12-5	AGUS  21c. WHERE DID INJURY OF 21f. HOW DID INJURY OF 5, 15, 10, 10	2-10-56 the causes and ADDRESS (Street	on the date	(County)	20. AL
DISEASES OR CO GIVING RISE TO STATING UNDER!  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  19-0. DATE OF OP  21-0. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIFY  21d. TIME OF INJU  22. I hereby  SIGNATU  23. BURIAL, CREE	MEDIATE CAUSE  ECEDENT CAUSE(S)  DUE  ONDITIONS, IF ANY,  THE ABOVE CAUSE  YING CAUSE LAST.  CANT CONDITIONS CONTRI BUT NOT RELATED TO THE  ENDITION CAUSING DEATH.  ERATION  19b. M  AS UNDERLYING 1  CAUSE OF DEATH  MEDICAL EXAMINER  JRY (Month) (Dey) (Year  OF CONTRIBUTION  CONTRIB	DING TO DEATH  A) CARCINOM  TO  B)  TO  C)  BUTING  IAJOR FINDINGS OF OPERATION  TROSTOMY  1b. PLACE (Home, farm, factor of INJURY street, office bidg., e  BY (Hour)  A. SI INJURY OCCUPATION  A. SI WORK  ded the deceased from	A ESOPH.  ON  ory,  itc.)  CURRED old while in work in	AGUS  21c. WHERE DID INJURY OF THE PROPERTY OF	2-10-56 the causes and ADDRESS (Street	on the date	(County)  (County)  stated about	camathe
IM DISEASES OR CO GIVING RISE TO STATING UNDER!  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  19e. DATE OF OP 12-29-5 21e. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU  22. I hereby	MEDIATE CAUSE  (CAUSE (S)  DUE  DO NOTITIONS, IF ANY,  THE ABOVE CAUSE  VING CAUSE LAST.  (CAUSE LAST.  (CAUSE CAUSE  LING  CANT CONDITIONS CONTRI  BUT NOT RELATED TO THE  SMODITION CAUSING DEATH  CAUSE OF DEATH  CONTRI  CAUSE OF DEATH  CONTRI  (Month) (Dey) (Year  CONTRI  CAUSE	CARCINOM  TO  B)  TO  C)  BUTING  MAJOR FINDINGS OF OPERATION  TROSTOMY  1b. PLACE (Home, farm, factor of the property of the	A ESOPH.  ON  OPY,  Hot while in work  12-12-5  A occurred a  M.D.  F CEMETERY OR	AGUS  21c. WHERE DID INJURY OF THE PROPERTY OF	2-10-56 the causes and ADDRESS (Street Howard,	on the date of, city, town, st	(County)	20. AU (ES )  OVE.

## CERTIFICATE OF DEATH

22-31-51 and believe on the ord Para global years at 255 and the state of the second section of the sectio

LEB 12 1829

BUREAU V. S.

The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  1437 CERTIFICATE OF DEATH  Reg. Dist	01396
tion carefully.	I. PLACE OF DEATH:  COUNT Boltomare  MARYLAND  STATE  COUNTY Boltomare  MARYLAND  STATE  CITY (If outside corporate limits, write RURAL or and give nearest town)  STOWN  Town  Town  Town  CITY (If outside corporate limits, write RURAL in this place)  OR  TOWN  Tow	timore
information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 7/3 Hillen Road STREET ADDRESS 7/3 Hillen Roll	,
item of of death	DECEASED: (Type or Print) MARY MATIDA. CRIWHARIT. OF DEATH: 2	(Year) 19 55 EAR   IF UNDER 24 HRS. Rays   Hours   Min.
NG y every causes	Work done during most of working iffe, even if retired) free work.  OR INDUSTRY:  11. BIRTHPLACE (State or foreign country): 12.  Lalewille, M.	CITIZEN OF WHAT
Supply errite the cau	13. FATHER'S NAME:  Peter Clement Suget   14. MOTHER'S MAIDEN NAME:  Fig. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS:	
FOR I	(Yes, no, or unk.) (If Yes, give war or dates of service) Robinson Cronhardt 7/3 Hillen	Pdi Towson
RESERVED UNFADING sicians: plea	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  4/4 X  IMMEDIATE CAUSE  (A)  Carchae WearpenSchon	INTERVAL BETWEEN ONSET AND DEATH
-	ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  VALUTULA CAUSE OF JHOUNG  (B)  DUE TO	
MARGIN AINLY, WITH important. Phy	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, or contributing Cause of Death Of Injury street, office bidg., etc. 21c. Where DID (City or town) (Count (If Either, NoTify Medical Examiner)	y) (State)
R WRITE	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  While   Not while   at work   at work	
5 — 10 - 53 ASE TYPE OF	22. I hereby certify that I attended the deceased from	stated above. E SIGNED/ 2/12/56.
VS. A1	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DELLER PRECTOR SIGNATURE DELLER PORTURE SIGNATURE SIGNATURE DELLER PORTURE SIGNATURE DELLER PORTURE SIGNATURE SIGNATURE DELLER PORTURE SIGNATURE SIGN	ADDRESS

Dalley 6/18 auc to Hiller Louis Brownardt Tuesday 11 A.M. Surpaper + Capital Hall parers

RECEIVED

FEB 16 1958

BUREAU V. S.

Supply every item of information carefully. The

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VS.

MARGIN RESERVED

Reg. Dist. No. 38

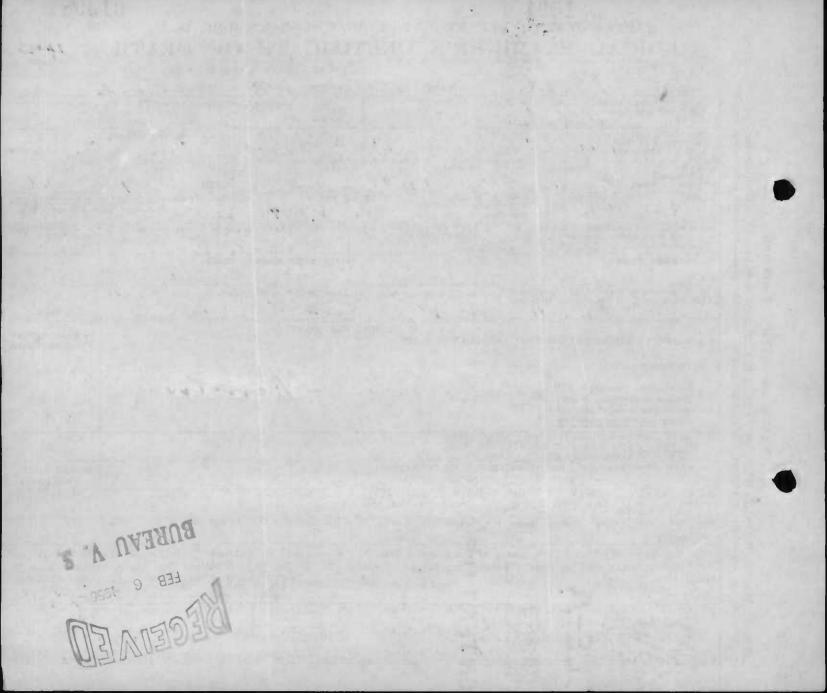
	1438	
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
100	county Baltimore MARYLAND	STATE Maryland COUNTY
l le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR
and	X TOWN Ruxton	TOWN Baltimore 3/01-4
N.	HOSPITAL OR SOTTENSON NUTSING HOME	STREET (If rural give location)
death clearly and legibly	40 STREET ADDRESS 7912 Ruxway	1813 East 32nd Street
hc	DECEASED	(Last) 4. DATE (Month) (Day) (Year)
eat	(Type or Print) ALUNZA W.	CRUSS DEATH: Feb. 19 9 19 70
of d	RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday 1 F UNDER 1 YEAR   1 F UNDER 24 HRS.  Months   Days   Hours   Min.
	male   white   (Specify): married Sept.	10, 1002   73 yrs. 5   ]
nse	10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
80	even if retired)Plasterer Building Const.	West Virginia U.S.A.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
te	Daniel Cross	
wri	15. WAS DECEASED EVER IN U.S. ARMED FORCES: 15. SOCIAL SECURITY ND. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
Se	no of service) unknown	Lyle W. Cross, 4521 Shamrock Avenue
please write the causes	18. MEDICAL CERTIFICATI	MICHAEL BEIWEEN
д		ONSET AND DEATH
us:		ais cercino a 6 onths
cia	ANTECEDENT CAUSE (S)	
Physicians:		neck right. 3 years
Ph	STATING UNDERLYING CAUSE LAST.	
nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	itis with failure   5 years
important.	TO THE DEATH BUT NOT RELATED TO THE GENERAL	inutrition 2 yrs.
lpol	DISEASE OR CONDITION CAUSING DEATH.	
E.		20. AUTOPSY7
Ily		
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
spe	(IF EITHER, NOTIFY MEDICAL EXAMINER) 110 111 UT V 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	I O III, ULT V
	OF INJURY M. While Not while at work at work	no injury
e is	22. I hereby certify that I attended the deceased from U.C.T	
age		
	sionature , 19.00 , and that death occurred at	8 a 20 M, from the causes and on the date stated above. 6
rect	James Trakem Manton, m. J M.	
3	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
	burial 2/22/56 Moreland P	ark Cemetery Parkville, Maryland

BROKE SHE KENDER OF THE STREET 

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VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 42
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dalo MARYLAND	STATE MIN COUNTY Ball	
OR and give nearest town) TOWN  CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR 1219 Maiden Chrica la	STREET ADDRESS 129 Marder Chr	ia Faron
3. NAME OF DECEASED: (First) (Middle) Cull (Type or Print) William Sull	(Last) 4. DATE (Month) (Day OF DEATH John 1	(Year) 19.5%
5. SEX:  6. COLOR OR RACE:  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Special Married)	Ly 8.190\$ 48 yrs. Months Da	
10s. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS O work done during most of work life, even if retired):	B 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME: Sullanda Gullanda	14. MOTHER'S MALDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Telne M Cullende MG	du chase
Is. MEDIC  I. DESEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	78	
Diseases or conditions, if any. (b)	y of there was	
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY  OF CONTRIBUTING  CAUSE OF DEATH.  21b. PLACE (Home, farm, factory OF street, office hldg., etc INJURY	"	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   While at Not while   NJURY   M.   work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes Acci	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
REMOVAL (Specify):	M. D. ASSISTANT MEDICAL EXAM.	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
phy 16 Varninger	Among Marines mil	how are



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1439 CERTIFICATE OF DEATH

Reg. Dist. No. 38

	1 Diver of Print	1 C HOUSE DECIDENCE (HOUSE) OF PROPERTY
5	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
-5	Baltimare	Po BUNCES
9	COUNTY VUI IMOTE MARYLAND	STATE 191 COUNTY 291/123
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
and legibly	TOWN	TOWN Reading 75x
	1000011	
clearly	HOSPITAL OR	STREET (If rural/give location)
Ties.	INSTITUTION OR 1721 Glen Ridge Rd	ADDRESS 329 Musical Slaving PN
le.	STREET ADDRESS 1121 0 1EVI 1/Cryc 1141	1000 18/10/8/41 0/11/9/10.
0	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) / (Day) (Year)
끉	DECEACED.	OF F1 11
death	(Type or Print) George Nashington V	11/5 DEATH: FED, 4 19/6
o.	5. SEX:   6. COLOR OR 7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
of	Male What WIDOWED, DIVORCED, (Specify): Male	19711 O   Months Days Hours   Min.
	Male White Beeny, Widowed Milly	1/0/9 8/ yrs.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
7	work done during most of working life, O LOR INDUSTRY:	COUNTRY
83/	even if retired faller- tet, Ketail Clothing	renna, Usiai
0	13. FATHER'S NAME!	14. MOTHER'S MAIDEN NAME:
the	Find VIII Davie	Emine Inimo-
e	Frankau Vavis	EVIIVE JUVETS
E	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Mrs. W. B. Sheemaken - Fowson, Md.
*	(Yes, no, or unk.) (If Yes frive war or dates	Mrs. M. B. Shoemaken
00	of service (// C	Towson, NO.
please write	18. MEDICAL CERTIFICAT	
le	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
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	4221	book was when some dead 3 days -
T S	IMMEDIATE CAUSE (A)	bro vorenta occident 3 days
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5	CIVING DICE TO THE ADOLE CALLET	
Physicians:	STATING UNDERLYING CAUSE LAST.	
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ed	TO THE DEATH BUT NOT RELATED TO THE	
- C	DISEASE OR CONDITION CAUSING DEATH.	
b	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .
E	138. MAJOR PHODINGS OF OPERATION	20. AUTOPST1
	0	YES NO
especially	The state of the s	
os .	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (County) (State)
e C	(IF EITHER, NOTIFY MEDICAL EXAMINER)	113011 000011
d	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	2   21F. HOW DID INJURY OCCUR?
9	OF INJURY While Not while	Zitt How Bib intolki occord
503	M. at work at work	
		5 10 1 1 1 1 10 To 1 1 1 1 1 1 1
80		5, 1952, to 1/4, 1956, that I last saw the deceased
cs	aline on 2/4 1057 and that doubt accommed at	520 M, from the causes and on the date stated above.
ب	alive on	ADDRESS DATE SIGNED
ec	SIGNATURE (2)	
correct		1. D. 85 V 3 fock Pover Blis 4 15 /5 6
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
-	REMOVAL (SPECIFY) ( / / M 10.77 M. M.	Man Prest B
	Removall Bund Teb. 1,1996 Millen Th	meral Home Veaque Herma.
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS

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Physicians

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3. NAME OF

5. SEX:

No.

Male

DECEASED:

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Baltimore COUNTy Baltimore Maryland STATE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) CITY OR and give nearest town) (in this place) OR TOWN Dundalk HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 2914 Dunmurray Road 2914 Dunmurray Road (Last) 4. DATE (Month) (Day) (Year) (Middle) (First) JOHN METVIN DAVIS Feb. 4. 1956 (Type or Print) DEATH: COLOR OR 8. DATE OF BIRTII: 9. AGE jast birthday : IF UNDER 1 YEAR | IF UNDER 24 HRS 7. SINGLE, MARRIED, WIDOWED, DIVORCED, RACE: Months Hours (Specify) : Married White Jan. 22. 1879 II. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR COUNTRY? work done during most of working life. INDUSTRY: even if retiredarpenter Maryland U.S.A. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: George H. Davis Adeline Lilly 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of Dr. M.B. Davis 6800 Mornington Road. 22 service) 18. MEDICAL CERTIFICATION Intervai Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Rotic-CARdio-VASCYLAR Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not 20. AUTOPSY No M (COUNTY) (STATE) (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) office bldg., etc.) OF INJURY (Day) (Year) IN JUBY OCCURED (Hour) HOW DID INJURY OCCUR?

related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR ENDINGS OF OPERATION

TIME (Month) Not While INJURY / Work [

22. I hereby certify that I attended the deceased from Jam 4 1956 that I last saw the deceased

m, from the causes and on the date stated above. alive on and that death occurred at SIGNATURE (Degree or titie) ADDRESS

muston 10 LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY BIITREMOVAL (Specify)

7, 1956 Feb. Trinity Episcopal Church Churchville. Md. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Ullrich Funeral Home 2112 Dundalk Ave.

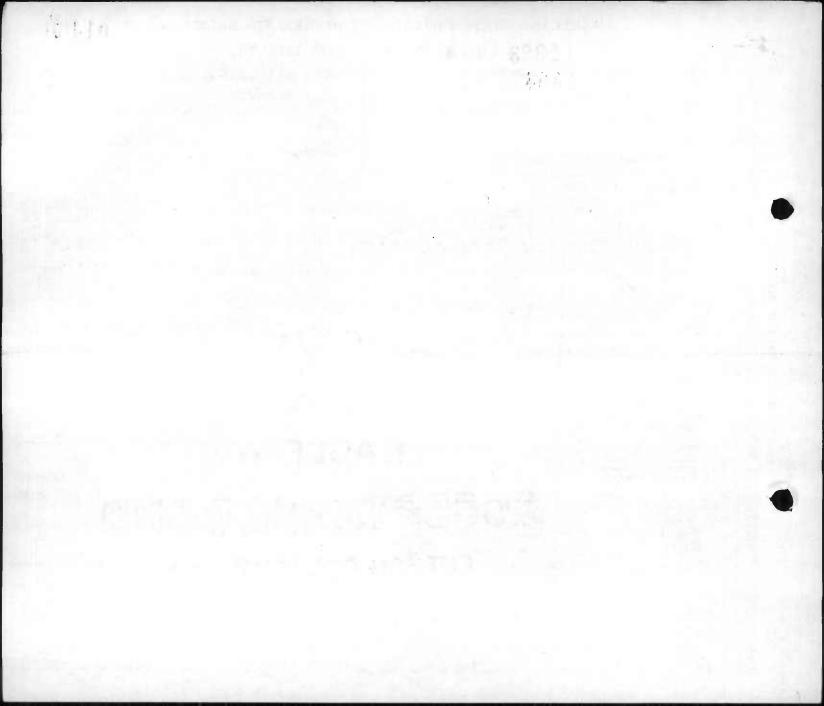
ADDRESS

DATE REC'D BY LOCAL

ACCIDENT

HOMICIDE

SUICIDE



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

correct age is especially important. Physicians:

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAR

SIGNATURE

please write the causes of death clearly and legibly.

The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01402

1441 CERTIFICATI	E OF DEATH Reg. Dist. No. 40
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BOLLO MARYLAND	STATE AAA COUNTY Balfo
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nesrest town)
OR and give nearest town) (in this place)	TOWN Balto Co. Ald X
HOSPITAL OR	STREET (If rural give location)
DISTRET ADDRESS 2809, E Juppa Rd	2809 E Joppa Rd
	(Last) 4. DATE (Month) (Day) (Year)
Type or Prints ( arenes E De	6 2 1 14 C DEATH: Feb 6 19 56
5. SEX:   6. COLOR OR   7. SINGLE MARRIED.   8. DATE   RACE:   WIDOWED, DIVORCED.	The state of the s
Male White (Specify):	7-1877 78 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, oR INDUSTRY: even if re(fred):	Bould COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
h 1-1	D +1 1
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	till die de a a a a
No of service) 12/5-07-62-58	Meta Kreafle 1809 F Joppa Pd
18. MEDICAL CERTIFICAT	ION / INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	at acompensation.
ANTECEDENT CAUSE (S)	-0 11.
DISEASES OR CONDITIONS, IF ANY, (B) and (	Ingestive tartiere
STATING UNDERLYING CAUSE LAST. DUE TO	
(c) (ach	evia & arteriosclosió.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N AUTORIA
0	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)
OF INJURY  M. 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY DECUR?
	M 10 15. Left 1056 11 11 11
22. I hereby certify that I attended the deceased from	19 , to 19 , that I last saw the deceased
alive on 1906, and that death occurred at	M, from the causes and on the date stated above.  ADDRESS DATE SIGNED
	. D. 9025 Hayery 2/18/06
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE	ERY OF CREMATORY   LOCATION (City, town, or county) / (State)

FUNERAL DIRECTOR

ADDRESS

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BUREAU V. S.

ct	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	eg. Dist.
correc	MEDICAL EXAMINER'S CERTIFICATE OF DEATH N	10.30
he h	1. PLACE OF DEATH:  COUNTY BALTIMORE  MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED:  COUNTY BALTIMORE  MARYLAND	M 10
carefully. T	CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  CITY (If outside corporate limits write RURAL and give nearest town)  (in this place)  TOWN  CATOMACIÓN	ive nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS / 12 Malbrock Road ADDRESS / 12 Malbrock	Road
n of information of death clearly	3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Type or Print) LILLIAN C DEICHMPLLER DEATH FEB 3	(Year) 19 5-6
infor	RACE: WIDOWED, DIVORCED, Cug 17, 1899 56 yrs. Months Days	
		ITIZEN OF WHAT
cau	Bernard J. Connolly Kose Thort	
Supply every	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates of service)  20/6-36-8958 Aulian D. Commolly 1605 Shad	lipide Rd
l INK. Sur please wri	11. DISCASES OR CONDITIONS DIRECTLY LEADING TO DEATH.	MTERVAL BETWEEN ONSET AND DEATH
UNFADING Physicians: p	Diseases or conditions, if any, (b)	
VFAI ysicia	giving rise to the above cause DUE TO stating underlying cause last (c)	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
Y, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No [
_	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory, PRIMARY   or CONTRIBUTING   OF street, office hldg., etc., INJURY   INJURY   OF STREET, OFFICE	(State)
PLAIN pecially	21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   While at Not while   Not work   at work	
WRITE P	22. I hereby certify that I took charge of the remains described above, held an Autopsy X, Inspection , I find that death resulted from Natural causes X, Accident , Suicide , Homicide , Undeterm SIGNATURE  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	nquiry   , and ined cause   .  DATE SIGNED
EASE	28. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or countries):  The Town of the thereof the town of the town o	(State) ADDRESS
PL	REG. 2/6/56 TE Harry John 4. Gentel 5311 Edmond	son ave

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2000		illed in by the funeral direct	es I and 2 should be filed w	1
	may be retained by the hospital citending physician.	TO FUNERAL DIRECTOR: After the crificate has been signed by the attending physician and camp	page 3 shauld be defached far use as the burial-transit permit. Then please remaye carbon papers. Pag	the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death.
1	S A	9/	(4) 55	

	MARYI	AND	STATE DEP	ARTM	ENT OF HEALTH	I—BAL	TIMORE, 1	8	0	141	31
18	1	145	CERT	IFIC.	ATE OF DEATH	1		Reg. D	ist. No	3	0
1. PLACE OF DEATH o. COUNTY	BALTIMORE		MAR	YLAND	2. USUAL RESIDENCE (Wh	ere decease	d lived. If institution b. COUNTY	n: Reside	nce befo		ion)
b. CITY OR TOWN RURAL and give	(If autside carporote limi	ts, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (If a	utside corpo	orate limits, write RL	JRAL and	give nec	orest town	1)
5.2 CATONSV			2YRS.	,	CATONSVI	LLE		5	2		
d. NAME OF HOSE OR INSTITUTION			oddress)		d. STREET ADDRESS	RS LAI	IE				FARM?
3. NAME OF DECEASED (Type or print)	Fir	sit	Middl BRUNE		DORSEY	4. DATE OF DEATH	FEB. 1		Da		Year 1956
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARE	_	8. DATE OF BIRTH 5/10/1901		9. AGE (In years last birthday) 54 yrs.	IF UNDER	Days		R 24 HRS. Min.
100. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	lone 10b.	KIND OF BUSINESS	OR INDU	STRY 11. 8IRTHPLACE (State	ar fareign co		12. CI	TIZEN C	F WHAT	COUNTRY
HOUSEVI			DOMESTIC		FREDERICK	COUNT	TY, MD.	U.	S.A		
13. FATHER'S NAME				7	14. MOTHER'S MAIDEN N	AME		371			
JAMES					CLARA NO	RRIS					
15. WAS DECEASED EV (Yes, no) or enknown)	/ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	0. 17. (	NFORMANT		Addre	<b>855</b>			
NO	EATH [Enter anly one ca		HONE		OHN H. DORSEY-	204 VI	INTERS LA	ME.			
Conditions, if gave rise to cause (a), stoting lying cause last	immediate DUE TO	0	Slome	ruly	nephron	2.			5	-69	reac
PART 11. O	THER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE	E CONDITION GIVE	EN IN PAR	T 1(a) 1	PERFO	RMED?
1.000000	VAS UNDERLYING TO G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in P	art I or Part	III of item 18.)				
20c. TIME OF INJU	10	while	Not while of work	20e. PL fo	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City	or town)	(	County)		(State)
ACTUAL SIGNATURE	Harles R. I	-, 120	and the	3		_M, from ADDRESS (SH ERS LA	n the causes at reet, city or town, s	nd on t	he da	le state	decease ed above ATE SIGNE
220. BURIAL, CREMATI REMOVAL (Specifi	ON, 226. DATE THEREO 2/20/56	F	BALTO. NA		F1		ION (City, tawn, or			(State	2)
23. FUNE AL ORECTO	S SIGNATURE	W-0	ADDRESS AN	sell	May PARE DATE	201	RAR 24b. REGIST	TRAR'S SIG	anatur	E	

restal sources on behavior took within The series lighted by EEB SU 1826

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1530 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporale limits, write RURAL and give learest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) 010 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRES e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Year Day DECEASED 1956 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last bythday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours WIDOWED TO DIVORCED T yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, every if retired) unewow 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ellri 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), sloting the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. n. While Not while at wark of wark p. m. 21. I certify that I attended the deceased from .. 19\_\_\_\_that I last saw the deceased alive an and that death occurred at\_ M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL HAMPSTEAD MD. PHYSICIAN'S M.C. PORTERFIELD, M.D. 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify 23: FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

aw requires that the death certificate be executed

tificate has been signed by

TO FUNERAL DIRECTOR: After him. . Hificate has been si page 3 should be detached for use as the burial-transit

24 hours after death. Page 4

filled in by the funeral director, Pages 1 and 2 should be filed with the attending physician and cample

secuted within 24 hours after death.

# the registrar within 72 hours after death. After this in by the funeral director, the third, copy of this certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed The bottom copy may be retained by the hospital or attending physician.

R HOSPITAL: The law requires that the death certificate of

ATTENDING PHYSICIAN

VS A15C 1-55 10M

INSTRUCTIONS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01407

### CERTIFICATE OF DEATH 1446

2330	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give neerest pown) (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town) OR
KTOWN Bentley Springs 75 VIS-	TOWN Sentlevoprings
HOSPITAL OR INSTITUTION OR	STREET ADDRESS AT rurel give location)
STREET ADDRESS	AUDICES
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Oroan E.	OSTER DEATH FEBR. 17, 1956
5. SEY 6. COLOR OR SINGLE, MARRIED, 8. DATE O	TO THE REAL PROPERTY OF THE PARTY OF THE PAR
Male While Mostyried Wou.	7. 877 78 yrs. Months Deys Hours Min.
10a, USUAL OCCUPATION (Giva kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY:
rolifed Track Jareman Railroad	Parkton Md.R.D G.J.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Nosler	Mary Milleri-
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yas, give war or detes of service)	17. INFORMANT & ADDRESS A + R + C/
111-01-618	/ Mrs. Desse Hosler, Denley Springs
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
434 IMMEDIATE CAUSE (A) Scritte Congla	two heart failure. I day
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Mellitus
19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory,   2	Tc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(auto)
Whila Not while	211, HOW DID INJURY OCCUR?
M. at work   et work	155 2-17-156
	, 19.55, to 2-1/-, 19.50, that I last saw the deceased
alive on	ADDRESS (Street, city, town, state)  DATE SIGNED
R. Robinson, M.D. 7	7eur. Freedom Pa 2-18-56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	
Durial Febra01956VIII. Lion	Cemelery Feeland Md.
24. REC'D BY REGISTRAR REGISTRARYS SIGNATURE	25.) FUNERAL DIRECTOR'S SIGNATURE ADDRESS
and the state of the attended	IT ( and bloom / pero la). I have town do

CERTIFICATE OF DEATH

BUREAU V. S.

FEB SI 1868

1447 CERTIFICATE OF DEATH

	CERTIFICATI	d Of DEATH Reg. Dist	. No		
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:		
legibly	COUNTY BALTIMORE MARYLAND	STATE MD. COUNTY BALS	PIMORE		
Supply every item of information carefully te the causes of death clearly and legibly.	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL s			
	OR and give nearest town)  X TOWN EASTWOOD (in this place)  DAYS	TOWN BALTIMORE	3V01-4		
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS 445 PEMBROOKE BLVD	STREET (If rural give location) 121 S. BOULDIN			
lo r		(Last) 4. DATE (Month) (	Day) (Yesr)		
death	(Type or Print) MARY ELIZABETH	DOULONG DEATH: Feb.,	3, <sub>19</sub> 56.		
of de	Female   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify) Widowed Januar	y 31, 1885 9. AGE last birthday Months I	YEAR IF UNDER 24 HRS. Days Hours Min.		
causes	work done during most of working life, even if retired): Retired  NOB. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK	Baltimore, Md.	CITIZEN OF WHAT COUNTRY A.		
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
	JOHN W. MERRYMAN	CATHERINE STEINMETZ.			
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
Sew	(Yes, no, or unk.) (If Yes, give war or dates of service) NONE	Catherine A. Scharpf 445	Pembrooke		
AINLY, WITH UNFADING important. Physicians: plea	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	aler Sei C. V. Desense	Sft 11/55 Jan 17/56		
odi	DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	N			
4	me Inne		YES NO NO		
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street office bldg., etc.   INJURY OCCUPY   INJURY				
> 10	OF INJURY  M.   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While   19 to while   21F. HOW DID INJURY OCCUR?				
correct age is	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)  BURIAL 2-6-56. DRUID R	ADDRESS DA'  I. D. 842 Eos + Cost  ERY OR CREMATORY   LOCATION (City, town, or present the causes and on the date appress of the causes are caused to the causes and on the date appress of the causes are caused to the causes are caused to the causes are caused to the cause are caused to the cau	stated above. TE SIGNED - 4-56 r county) (State)		
7	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR GOLS	ADDRESS		

A15 S

BEGISTRAR

Supply every item of information carefully

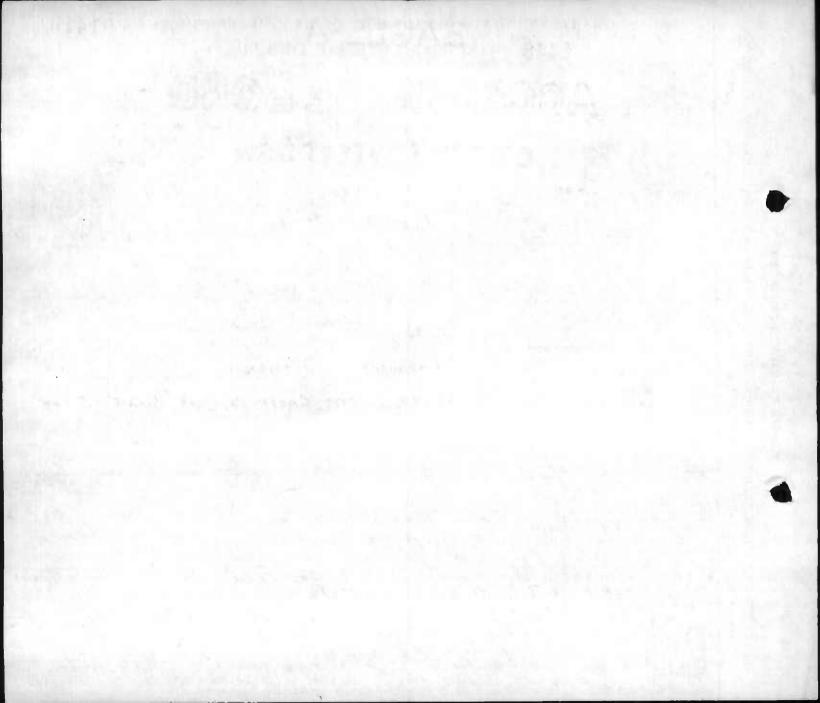
MARGIN RESERVED FOR BINDING

TYPE OR WRITE PLAINLY, WITH UNFADING INK.

THE AUGUST AND A SHEET AND STREET AND THE TRADECK OF THE PARTY. Course Worst of the State of the Park Course the state of the s 

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()141()

1448 CERTIFICATE	Reg. Dist	. No
1. PLACE OF DEATH:  COUNTY  CITY (If outside corporate limits, write RURAL COUNTY (in this place) (in this place) (in this place) (If years)	2. USUAL RESIDENCE (HOME) OF DECEASE  STATE  COUNTY  CITY(If outside comporate limits, write RURAL and COUNTY  OR TOWN	sello
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS 6712 Edward	ine ?
DECEASED: (Type or Print) JOHN C. DY	YKE OF DEATH Stry	Day) (Year) 1/ 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED DIVORCED. (Specify): Mune (Specify): M	9. AGE last, birthday Months I Months II. BIRTHPLACE (State or foreign country):   12.	Days Hours Min.
work done during post of working life. OR INDUSTRY: even if retired): The State from the life of the l	Essel les Luginia	COUNTRY?
15. WAR DECEASED EVER IN D.S. ARMED FORCEST VAS. SOCIAL SECURITY NO.	Margaret 17 INFORMANTA ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Cedithe N. Dyke 6712 Cedin	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  WHITE CAUSE  (A) CORONARY	THROMBOSIS	ONSET AND DEATH
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (B) ARTERIOSCLERE DUE TO	ROTIC CARDIO-VASCULAR DISEASE	5 YRS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING \( \) OR CONTRIBUTING \( \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factor of the control	etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
marrin Goldstein M.	10:30 PM, from the causes and on the date ADDRESS DATE OF CREMATORY LOCATION (City, town, or Woodlam	stated above. TE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	AMA FUNERAL BIRECTOR US ON A P. S.	ADDRESS



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

le en Car 1384

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

			4
leg.	Dist.	No	

Œ			
1	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	Role
ı	CITY (II outside sopporate limits, write RWRAL and   LENGTH OF STAY	CITY (if optside corporate limits, write RURAL and giv	re nearest town)
	CITY (If outside comorate limits, write RWAL and LENGTH OF STAY (In this place) TOWN	TOWN Dundalk	53
I	HOSPITAL OR INSTITUTION OR 10 2 A	STREET ADDRESS (O A O) ocation)	0 //
1	STREET ADDRESS 700 Wareham 70	1920 Wareham	Road
1	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
	(Type or Print)  5. SEX / 6. COLOR OR RACE   7. SINGLE, MARRIED.	S. DATE OF BIRTH   9. AGE last birthday   If under	I year   If under 24 hrs.
ı	5 SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	1886 69 yrs. Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	1. BIRTHPLACE (State or foreign country)   12	COUNTRY?
4	House with	TOTAL A	Paland
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<b>L</b>
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	IT, INFORMANT	1025
0	(Yes, no, or unknown) (If yes, give war or dates of 216-16-343	R my Jenances Rice	allarelenne
	18. MEDICAL CE	RTIFICATION	Poss
1	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
1	4200 Immediate cause (a) Commercy	Ole	10 min
1	Inimediate cause	// //	1.3.
1	Antecedent cause(s) Diseases or conditions, if any, (b)	, Au 17. D	159n
1	giving rise to the above cause stating the underlying cause last		
1	(c)		1
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
1	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
1	0		Yes No
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at A Not While	HOW DID INJURY OCCUR!	
1	OF INJURY m. While at Not While INJURY Mork At work	1	
	22. I hereby certify that I attended the deceased from		aw the deceased
	71.1	13/ Prim., from the causes and on the date st	
1	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	Joch Clothus M.D Rep. Mod Exam	ince Balf 22 2	-3-52
	28/BURIAL, CHANGE DATE THEREOF NAME OF CEMETE	ART OF MARY ERMAN HILL	RD (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
	23 Still Helling	Hugen 711. Wolver 9013.C.	wall of

Dr. Jack Collins

Oluvila 5-2295

to the state of th

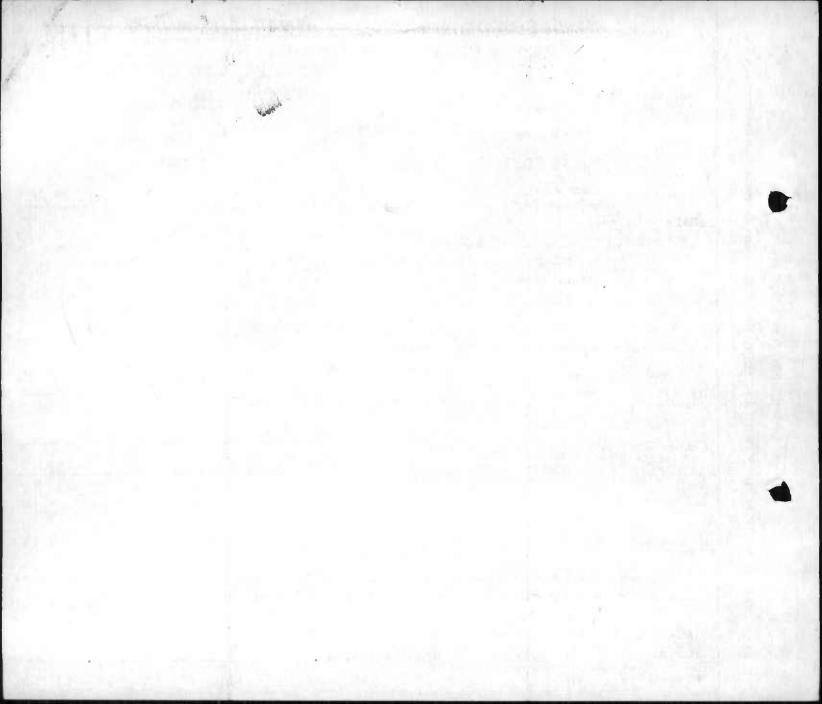
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0141

1450 CERTIFICATE OF DEATH

		OT	XT	U
Reg.	Dist	No	5	0

1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DEC	EASED:
COUNTY Baltimore	MARYLAND	stateMarvl	and county	
CITY (If outside corporate limits, write R or and give nearest town) TOWN Catonsville		CITY(If outside of	corporate limits, write RU	(RAL and give nearest town)
HOSPITAL OR	Dyromoszoday:	STREET	(If rural give lo	cation)
14 STREET ADDRESS Spring Grove		ADDRESS	John Street	
3. NAME OF (First) DECEASED: (Type or Print)  (Type or Print)		(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)		lliott	DEATH: Febru	
Female   White   (Specify)	Divorced 12-13	3-1887	68 yrs. Mon	
IOA. USUAL OCCUPATION (Give kind of los	OR INDUSTRY:	11. BIRTHPLACE (	State or foreign country):	12. CITIZEN OF WHAT
even if retired emonstrator	Unknown	Indiana		USA
Vinton F. Merryman		Alice Di		
18. WAS DECEASED EVER IN U.S. ARMED FORCES:  (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 8		
	Unknown  8. MEDICAL CERTIFICAT		ing Grove State	Hospital
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION CAUSING DE	CC) Coronary art	ocardial infar ceriosclerosis	5	
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	١		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fact INJURY street, office bldg.,	etc. 21c. WHERE D	OID (City or town)	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that I attended the	e deceased from7	, 1953, to 2.	5, 1956, that	I last saw the deceased
alive on 2-5-, 19.56, and SIGNATURE Stella Wa	elister M	Sprin Grov	e State Hospit	2 -6-56
23. BURIAL, CREMATION, DATE THEREO BURIAL (SPECIFY)  BURIAL 2/9/56	NAME OF CEMETE Westminste	ERY OR CREMATORY	Westminst	own, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S REGISTRAR'S	SIGNATURE	24 FUNERAL D	where & Non	1 - Ballo 17 Md
		//		



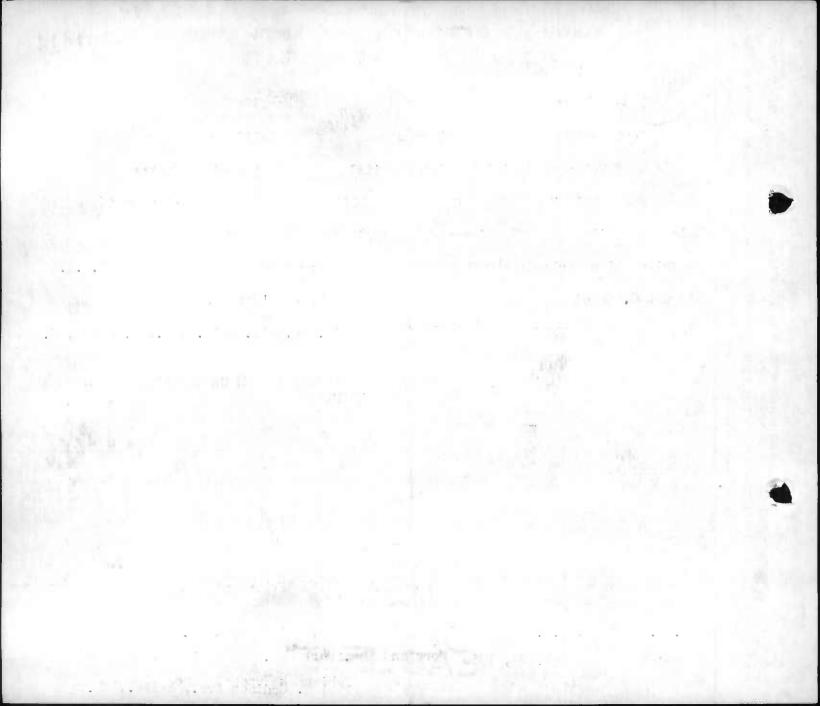
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1451 CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HDME) DE DECEASE	ED:
CDUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town
OR and give nearest town) (in this place) TOWN Fort Howard 137 days	TOWN Baltimore	341,1
HOSPITAL OR	STREET   If rural give location	)
INSTITUTION OR	ADDRESS	
STREET ADDREST eterans Administration Hospit.	1 5062 Orville Avenue	V
DECEASED:	(Last)  4. DATE (Month)  OF  DEATHF & DELTATOR	(Day) (Year) 25 1956
5. SEX:  6. CDLDR OR  7. SINGLE, MARRIED.   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER	YEAR IF UNDER 24 HRS.
	12/13 42 yrs. Months	Days Hours Min.
work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
ReTrigeration Mechanic Albert Goetze	Marvland	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
August C. Emmel	Helen O'Hara	
(Yes, no, or unk.) (If Yes, give war or dates of service) WWTT	17. INFORMANT & ADDRESS: Clin.Rec.Vets.Admin.Hosp.,Ft.H	loward Md
ANTECEDENT CAUSE (8)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	C CARCINOMA WITH CEREBELLAR TASTASIS	UNKNOWN
DISEASE OR CONDITION CAUSING DEATH.		
198. MAJOR FINDINGS OF OPERATION	N	YES NO
21A. ACCIDENT WAS UNDERLYING DESCRIPTION OR CONTRIBUTING CAUSE OF DEATH DF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (Cour INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While While Not while at work	21F, HOW DID INJURY OCCUR?	
Burial Feb. 28, 1956 Moreland Me	11:45AM, from the causes and on the date ADDRESS  1. D. VAH. Fort Howard, Md. 2/ TENY OF CREMATORY LDCATION (City, town, o em, Park Cem. Baltimore, Mar	stated above. TE SIGNED  (25/56 r county) (State yland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Schimine Funeral Home Balto.,	Md.



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### INSTRUCTIONS

CEI	STATE DEPARTA	MENT OF HEALTH-	-BALTIMORE,	18	1 -
	DTIELCA	TE OF DE		014	19
1452 CEI	KIIICA	TE OF DE		Reg. Dist. No	35
1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF	DECEASED	
COUNTY Ba7to.	MARYLAND	STATE Md	COUNT	Balto	
CITY (If outside corporate limits, write RURAL OR and give mearest town) TOWN	(in this place)	OR O	porate limits, write RURAI	L and give naarast town)	
HOSPITAL OR	14150	TOWN Pat	Kton		×
INSTITUTION OR Falls Rd		ADDRESS Fa (	15 Rol.	giva location)	1
3. NAME OF (First) DECEASED	(Middla)	(Last)	4. DATE (M	lonth) (Day)	(Year)
(Type or Print) C7 + T0h  5. SEX   6. COLOR OR   1.7. SINGLE, MA	lahsley	Fhsot	DEATH	2 8	19
	DIVORCED,	te of BIRTH 22 1875	9. AGE lest birthday	Months Deys	Hours
dona during most of working life, aven if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN	OF WHA
ratired) fatmet ta	tm (whe	+ Maryla	6d	1915	14
13. FATHER'S NAME		14. MOTHER'S MAIDE	NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	1 17 INFORMANT 8	ADDRESS al	75 4 69	
(Yes, no, or unk.) (If Yas, giva war or dates of service)	- Country of Country (10	- Edward	Harrie	and Paul	11.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL	CERTIFICATION	MattyEt	INTER	VAL BETWE
592 × IMMEDIATE CAUSE (A)		ilure.Pulmona	mr Hymnet		T AND DEA
ANTECEDENT CAUSE(S) DUE TO	0000 0000 0000	LICE OF CLAMICATOR	43 113 0000	ababa o ac	4,7,3
DISEASES OR CONDITIONS, IF ANY, (B)	nility				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		* 1 . * * * * *	20 4 44		
DISEASE OR CONDITION CAUSING DEATH.  19a, DATE OF OPERATION   19b, MAJOR FINDIN	ronic Nephi	ritis, Chronic	Prostati		
D 198. DATE OF OPERATION 199. MAJOR FINDIN	IGS OF OPERATION			YES	AUTOPSY
218. ACCIDENT WAS UNDERLYING   21b. PLACE (HOR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Homa, farm, factory, set, offica bldg., atc.)	21c. WHERE DID INJURY OCC	CUR? (City or town)	(County)	(State)
	21a. INJURY OCCURRED Whila Not whila at work	21f. HOW DID INJURY OCC	UR?		1000
M.	eceased from Feb	, 19 वि कि म	ер 8,19,56.	that I last saw	the dece
22. I hereby certify that I attended the de		L2 noon, from the	eb 8,19,56,	that I last saw	the dece
22. I hereby certify that I attended the de	and that death occurre	I 2 noon, from the	causes and on the DRESS (Street, city, to	date stated above	ATE SIG
22. I hereby certify that I attended the de alive of the certify that I attended the de alive of the certify that I attended the de alive of the certify that I attended the de alive of the certify that I attended the de	and that death occurred	New Freedom,	causes and on the DRESS (Street, city, to	date stated above own, state) D Peb 8.1	ATE SIG
22. I hereby certify that I attended the de	and that death occurre	New Freedom,	causes and on the DRESS (Street, city, to	date stated above own, state) D Peb 8.1	ATE SIG
22. I hereby certify that I attended the de alive of John as grayure John John Alexandria Company and the second attended the de alive of John Alexandria Company and the second attended the design and the second attended the design and the second attended to the second atten	M.D. NAME OF CEMETERY  Black R	New Freedom,	causes and on the DRESS (Sireat, city, to Pa.e.  LOCATION (City, to But 76	date stated above own, state) D Peb 8.1	ATE SIG

SECURE MELECULAR CONTRACTOR STATE OF A SPACE SERTIFICATE OF DEATH Jereo inno, nil non interpretarione de la company U monie witis, simonio ino tite, o perm R. V UABRUA 9961 FI 83 . 00 . 0 do 1 do 2 . 0 do 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1801416 1453 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:		2. USUAL RESIDEN	NCE (HOME) OF DECEASE	D:
COUNTY Baltimore	MARYLAND	STATE Mary	land COUNTY St.	Mary's
CITY (If outside corporate limits, write R			orporate limits, write RURAL	
OR and give nearest town)	(in this place)	OR		A CO :
HOSPITAL OR	2yrs.7mth.29d	200 1007	timore	18 % - 14
INSTITUTION OR		STREET ADDRESS	(If rural give location	)
4 STREET ADDRESS SPRING GROV			chanicsville, Md.	
3. NAME OF (First) DECEASED: (Type or Print) Della		(Last) errell	0.5	(Day) (Year) 28 19 56
5. SEX: 6. COLOR OR 7. SINGLE. RACE: WIDOWE	MARRIED. 8. DATE D. DIVORCED.	OF BIRTH: 9.	AGE last birthday IF UNDER	YEAR IF UNDER 24 HRS.
female white (Specify)	widow Oct.		85 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	OR INDUSTRY:	11. BIRTHPLACE (Si	tate or foreign country):  12.	CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
John Herbert		Rebecca		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SDCIAL SECURITY No.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	unknown	Records of S	pring Grove State	Hospital
1	8. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
422.1				
IMMEDIATE CAUSE	(A) Cardiac f	ailure with my	vocardial involve	ment
ANTECEDENT CAUSE (S)	DUE TO			
DISEASES OR CONDITIONS, IF ANY,	(B) Arterioso	lerotic cardi	ovascular disease	
	(C)			
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING DE				
19a. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	<b>N</b>		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF	B. PLACE (Home, farm, facting injury street, office bldg.,	etc. INJURY OCCUR		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended th	e deceased from 12-	30 . 1955 to 2	-28 1956 that I las	t saw the deceased
	that death occurred at	5:03p M, from the	causes and on the date E STATE HOSP.	stated above.
23. BURIAL, CREMATION. DATE THEREO 3-2-56	St John's	ERY OR CREMATORY	LOCATION (City, town, of Clinton, Mc	or county) (State
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	The Huntt Fu	RECTOR neral Home Waldo	orf. Md.



9561 9 2

UZ A T

### CERTIFICATE OF DEATH 1451 FOR MEDICAL EXAMINERS

COUNTY (If outside corporate limits, write RURAL and property limits, write RURAL and give nonyst town)  CITY (If outside corporate limits, write RURAL and give nonyst town)  CITY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  COUNTY (If outside corporate limits, write RURAL and give nonyst town)  C	4101	0 2 0 1 1 1 2 2 0 1 2 1		Reg. Dist.	110
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3. NAME OF DECEASION (First)  DECEASION (First)  DECEASION (Month)  DE				11 -	'
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The USUAL OCCUPATION (Give kind of work done buring most of working life, even if relived)  13. FAPIER'S NAME  14. MOTHER'S MADEN NAME  15. WAS DECRASER EVEN IN U.S. ARMED FORCEST 16. SOCIAL SECURITY No. (Yee, no. or unknown) (Ifyee, glowang or dates of inervice)  16. SOCIAL SECURITY No. (If NORTHAN AND ADDRESS (Yee, no. or unknown) (Ifyee, glowang or gades of inervice)  18. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, (b)  Conditions contributing to the death but not rolled to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PUBLICATION 19b. MAJOR FINDINGS OF OPERATION  22. LEXTERNAL CAUSE WAS PUBLICATION (COUNTY) Yee (Inc.) Not while in the condition of the death but not only the condition contributing to the death of the death with not only the conditions contributing to the death of the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the conditions contributing to the death with not only the c	Man - WIDO	WED. DIVORCED.	8. DATE OF BIRTH	9. AGE last birthday   If un	der I year IIf under 24 livs.
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15. WAS DECKASH EVER IN U.S. ARMED FORCES?  (Yes, DO, OT URLDOWN) (Iff yes, glossing or dates of last		,	Mariano		COUNTRY
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Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY FOR CONTRIBUTING OF Office Isldg., etc.) Home  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  OF OF ONLY ONLY OF ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	stating the underlying cause last	-1	- 10	10011-	
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY!  Yes No 20.	(c) Cla	theng our	tuchleath	Less Wilsocales	a Sudden
21. EXTERNAL CAUSE WAS PRIMARY - OR CONTRIBUTING OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY - OR CONTRIBUTING OF Office bldg., etc.) Home  22. I EXTERNAL CAUSE WAS PRIMARY - OR CONTRIBUTING OF Office bldg., etc.) Home  TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY OCCURRED While at work of a store in kitchen with some fluing that I took charge of the remains described above, held an Autopsy Inspection of Inquiry in thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes of accident of suicide of the suicide o				1 9/	
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) Home  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work of INJURY occurring to start a fire in iron coal stove in kitchen with some fluing the contained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes of accident suicide homicide number and matural causes of the remains described above, held an Autopsy Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes of accident suicide homicide number in advantage of the contained of the cause of th					
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office lidge, etc.) Home  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Wishe at work of the evidence of the remains described above, held an Autopsy Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes of accident suicide of the mains described above, and death in my apinion resulted from: natural causes of accident suicide of the main accidence of the remains described above, and deceased died on the day stated above, and death in my apinion resulted and undetermined of the suicide of the suicid	19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION			20. AUTOPSY1
PRIMARY FOR CONTRIBUTING OF office bldg., etc.) Home  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OCCURRED While at work In iron coal stove in kitchen with some fluing the start a fire in iron coal stove in kitchen with some fluing in iron coal stove in kitchen with some fluing in iron coal stove in kitchen.  22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes I, accident I suicide I, homicide I, number Inquiry	<u>Q</u>				Yes D No 🗷
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   How DID INJURY OCCURTING to start a fire in iron coal stove in kitchen with some fluid work   Inspection   Inquiry	21. EXTERNAL CAUSE WAS PLACE (Hom	Ida ota )	(CITY OR T	OWN) (COUN'	TY) (STATE)
22. I certify that I took charge of the remains described above, held an Autopsy I Inspection I Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes I, accident I suicide I, homicide I, undetermined I.  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  THEREOF NAME OF CEMETERY OR CREMATION (Giv. town, or county)  (State of State of St	CAUSE OF DEATH. INJURY	170,000		03	
22. I certify that I took charge of the remains described above, held an Autopsy I Inspection I Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes I, accident I suicide I, homicide I, undetermined I.  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  THEREOF NAME OF CEMETERY OR CREMATION (Giv. town, or county)  (State of State of St	TIME (Month) (Day) (Year) (Hour) INJUR	Y OCCURRED O	HOW DID INJURY OCC	URin trying to	start a fire
22. I certify that I took charge of the remains described above, held an Autopsy I Inspection I Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes I, accident I suicide I, homicide I, undetermined I.  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  THEREOF NAME OF CEMETERY OR CREMATION (Giv. town, or county)  (State of State of St		at work	in iron coal sto	ve in kitchen	with some flui
oblained by said Aulopsy. Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my apinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE (Degree or title)  ADDRESS  DATE SIGNED  ON THE RIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATION (Gry, town, or county) (State of County)  ON LIST CONTROL OF COUNTY (CHARLES)			MITTOIL EVALLACES	<b>一直ではまります マンドルボー 中央 東京会社</b>	TO BE IN MUNICIPALITY OF THE PARTY OF THE PA
SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  DATE SIGNED  DATE SIGNED  DATE SIGNED  CONTROL OF THEREOF NAME OF CEMETERY OF CREMATION (City, town, or county)  Control of the county of the coun	22. I certify that I took charge of the remains desc	ribed above, held an A	utopsy , Inspection ,	Inquiry thereon ar	id from the evidence
SIGNATURE (Degree or title) ADDRESS  DATE SIGNED  TO SUPPLIE THEREOF NAME OF CEMETERY OF CREMATION (City, town, or county) (State of Supplies)  SIGNATURE  (Degree or title) ADDRESS  DATE SIGNED  (State of Supplies) Day (State of Supplies)	from natural causes accident suici	g, jina in'il s'ila aecee de homicide	undstermined	i above, and death in n	ny apinion resulted
RIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATION (City, town, or county) (States)	SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Burell Seguery 6.17 Estimore Helloper Conflex Odflinger Millothery	1.1 0518	.00 9	21 10	4.	121.
Burell Seguery 6.17 Estimore Helloper Conflex Odflinger Millothery	Mhodest Whom	ellemo 7.	501 Juch Re	1 Jacasons	13/1/
Burell Seguery 6.17 Estimore Helloper Conflex Odflinger Millothery	PIAL CREMATION DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY A LO	OCATION (City, town, or co	ounty) (State)
DATE BEAT BY LOCAL DECISION PER SIGNATURE / 1 24 MINISTRAL DIRECTOR	Bunial Conuny 6.1956	Dickensing No	elisted Carreles	Dallinian.	Madeland
	DATE REC'D BY LOCAL REGISTMAR'S SIGNAT	URE	24. WUNERAL DIRECTOR	3///11	ADDRESS/
2 1956 Novel of Newell Frank to Newell Shipwille	Let (1956 Naroch A	newell	frunk d	Howell Di	Leville

FLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BINDING

MARGIN RESERVED FOR

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BUREAU V. L.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

01419

Reg. Dist. No.

### 1456 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	HAR FOR IS		
COUNTY BALTE MARYLAND	STATE COUNTY	ETTO		
CITY (If outside corporate limits, write RURAL OR end give nearest town)  TOWN	CITY (If outside corporate limits, write RURAL and give neare	st town)		
X WIN THE THE THE	TOWN PHAKVILLE	7/75X-3		
HOSPITAL OR INSTITUTION OR TO	ADDRESS (If rural give location)	1 120		
OF STREET ADDRESS 3022 WILLOUGHBY NO.	JENE TIENARISTO	WNITHI		
S. NAME OF (First) DECEASED (Type or Print) LOVIS HENRY	(Lest) 4. DATE (Month) OF DEATH 7-/1	(Day) (Year) () - 19 5Z		
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify	OF BIRTH  OF BIRTH  OF BIRTH  9. AGE last birthday  IF UNDER 1  Months  yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.		
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or loraign country) 12.	CITIZEN OF WHAT		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	21 91.1		
THOMAS K. FITZELL	KERECCH LCHMULLEI	R		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes,	17. INFORMANT & ADDRESS	SEE		
(17 tos.) (If Yas, give war or dates of service) 2/3-22-8505	LIMORGAN FITTELL	#1		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH		
33/ X IMMEDIATE CAUSE (A) Corebral 1	emperhage.	30 hours		
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO		
OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY straet, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County	y) (State)		
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2 9 19 56, to 2 10 19 56, that I last saw the deceased alive on 2 10 19 56 and on the date stated above.  SIGNATURE  ADDRESS (Street, city, lowe, steal)				
Hardy HR 117 ma	ADDRESS (Street, city, town, steta)	DATE SIGNED		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	2-10-36. (State)		
REMOVAL (SPECIFY) 2-13-56 OAK h.	ANN BALTO, CO.	mid.		
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE	DDRESS   01		
DATE - U 14 1900 Nov. W. 114 130 can)	KUMILLE MARE PLANTERS A	Bu-loth ner		

SECTION STATE DEPARTMENT OF REALISH-SALTERONS, 15

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

VS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01420

Reg. Dist. No.

### CERTIFICATE OF DEATH 1457

1. PLACE OF DEATH A	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY DOLLO . MARYLAND	STATE MASS COUNTY SAUTA
CITY (If outside septorate limits, write RURAL   LENGTH OF STAY	CITY (If outside corperate limits, write RURAL and give neerest town)
OR end give hearen town (In this place)	OR TOWN Son Ords.
HOSPITAL OR	fallo 1
INSTITUTION OR 12 6 13 711	STREET (Ill rurel give ) (carlion) ADDRESS 2
STREET ADDRESS 2 /14 Markethe	3XOIW. Herrison ine
3. NAME OF (Girsi) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print)	Deagle DEATH 70 19 1950
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED, 8. DATE OF	BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MACE WIDOWED, DIVORCED, (Specify)	14/870 66 yrs. Months Doys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS   1	BIRTHPLACE State or foreign country 12. CITIZEN OF WHAT
done during most of working life, even if	- Language for MIA COUNTRY?
13. FATHER'S NAME	1 AT MOTHER'S MAIDEN NAME
oll of The	Moiner's mainten Name
falorery Hyagee	Morely !- Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS
2/8/-05-90.3.4	Mers To Auran Lawren 2719 Maple a.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN
61	ONSET AND DEATH
162X IMMEDIATE CAUSE (A) Monthogene	e Carlos and with several mos.
ANTECEDENT CAUSE(S) DUE TO	ist melastare
GIVING RISE TO THE AROVE CALISE	ist meladore
STATING UNDERLYING CAUSE LAST, DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION	OD AUTONOS
170, MAJOR PIRONGS OF OPERATION	2D. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED 2	11. HOW DID INJURY OCCUR?
M, et work at work	
22. I hereby certify that I attended the deceased from	1 10 58 to 156 10 57 that I lest on the decreed
alive on 19, 19, 56, and that death occurred at.	
SIGNATURE	ADDRESS (Street, city, town, stete)  ADDRESS (Street, city, town, stete)  DATE SIGNED
(V.M) of M.	
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR C	
REMOVAL (SPECIFY)	Hule, Ball Tell
Leviere of hy 56 Formine	une Hall nuc
24. REC'D BY REGISTRAR REGISTRA'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATER DATER ON U. IV. Baren	
	forma Dyere 5005th, Holoton
A	foring Oyere 5005th Holota

MARYLAND STATE DEVASTMENT OF HEALTH-STATE WHALYSAM

LIST CERTIFICATE OF DEATH

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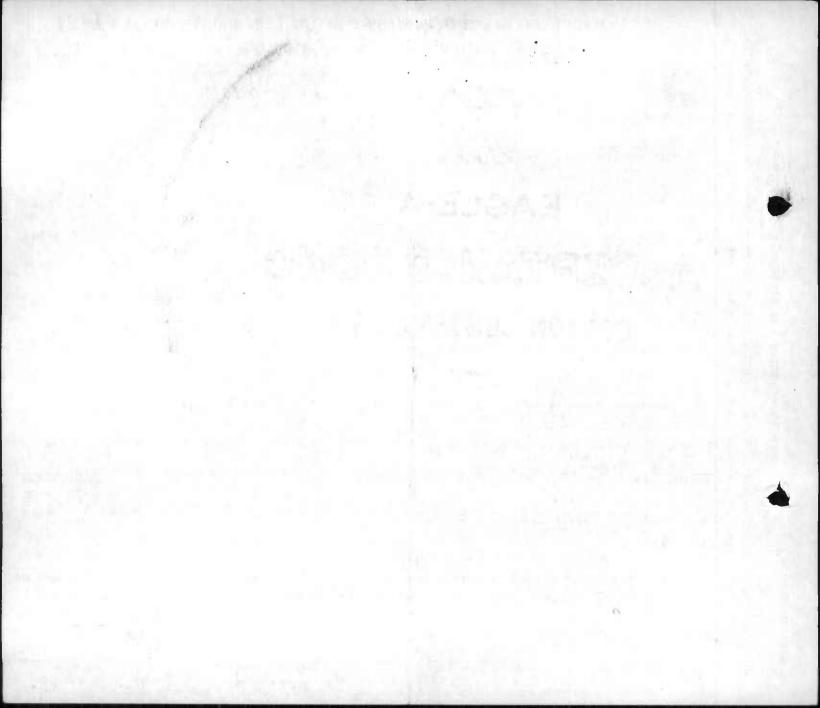
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## OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. PLEASE TYPE

A15-10-53

VS.

	T OF HEALTH—BALTIMORE, 18 U	_	
· 1458 CERTIFICATE	E OF DEATH Reg. Dist.	No. 30	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	9	
county Baltimore MARYLAND	state Maryland county		
CITY (If outside corporate limits, write RURAL cin this place)  STOWN Catonsville Cyrs9mos2days	CITY(If outside corporate limits, write RURAL at OR TOWN Baltimore	d give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESSpring Grove State Hospital	STREET (If rural give location) ADDRESS 2621 N. Calvert Stree	t	
	Foard 4. DATE (Month) (DOF DEATH-Pebruary)	ay) (Year)	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED. DIVORCED. WIDOWED. Widowed 11-18	OF BIRTH: 9, AGE last birthday IF UNDER 1 VI	AR IF UNDER 24 HRS. Bys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	II. BIRTHPLACE (State or foreign country): 12. ( Maryland US	COUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
John B. Gallaher	Julia E. McAdee		
15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  Unknown	Records Spring Grove State Ho	ospital	
ANTECEDENT CAUSE (S)	rotic cardiovascular disease arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.)  (State)			
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work			
22. I hereby certify that I attended the deceased from 7, 19.53, to 2-14, 19.56, that I last saw the deceased alive on 2-14, 19.56, and that death occurred at 12:30PM, from the causes and on the date stated above.  Signature  Stella Washeles Spring Trove State Hospital DATE SIGNED  M. DCatonsville 28, Maryland 2-11-56  23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)			
23. BURIAL, CREMATION, DATE THEREOF Parkwood Control Park		county) (State) Maryland	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR THE 15, 1957 1. W. Seclareh	Vm. Good Suc. 1217 St.	ADDRESS	



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Burial

DATE REC'D BY LOCAL

Clin. Rec. Vet. Adm. Hosp., Ft. Howard, Md. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN AUTOPSY? NO (County) (State) VAH, Fort Howard, Md. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 28. 1956 Baltimore National Baltimore, Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

(Day)

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(Year)

1956

Hours

COUNTRY?

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1. PLACE

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> DECEA (Type

5. SEX:

Male

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()1423

1460 CERTIFICATI	E OF DEATH Reg. Dist.	. No. = >
OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
TY Baltimore MARYLAND	state Maryland county	
(If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
Fort Howard 6 Hours 30M.		Y01-4
TAL OR FUTION OR	STREET (If rural give location)	
T ADDR Veterans Administration Hospital	3608 Mary Avenue	
OF (First) (Middle)		Day) (Year)
or Print) LAWRENCE J. FRANK	, DEATH.	
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y Months D	EAR IF UNDER 24 HRS.
White (Specify): Widowed Februa	ary 19, 1887 69 yrs.	
L OCCUPATION (Give kind of one during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COLINTRY?
retired): Hat Blocker   Mens Hats, Inc.		S. A.
	14. MOTHER'S MAIDEN NAME:	
oh Frankel	Julia Nohe	
r unt.) (If Yes, kive war or dates	17. INFORMANT & ADDRESS:	2 26 2
of services WW I 214-03-0888	Clin.Rec., Vet.Adm. Hosp., Ft. Howa	ard, Md.
18. MEDICAL CERTIFICAT SES OR CONDITIONS DIRECTLY LEADING TO DEATH	rion	INTERVAL BETWEEN
X		ONSET AND DEATH
MMEDIATE CAUSE (A) LOBAR PNEUM	MONTA	UNKNOWN
ECEDENT CAUSE (S)		
OR CONDITIONS, IF ANY, (B)		
UNDERLYING CAUSE LAST.		
SIGNIFICANT CONDITIONS CONTRIBUTING		1
DEATH BUT NOT RELATED TO THE		7
E OR CONDITION CAUSING DEATH.  OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	N	
		YES NO NO
DENT WAS UNDERLYING   218. PLACE (Home, farm, face BUTING   CAUSE OF DEATH OF INJURY street, office bldg., NOTIFY MEDICAL EXAMINER!	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)

21D. TIME (Month) (Day) (Year) While Not while (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY at work at work 2:50 PM 6:20 PM 22. I hereby certify that kattended the deceased from Feb. 29. Feb. 29, 1956, that I dest sew decrees i , 1956, to

SIGNATURE

and that death occurred at 6120 M, from the causes and on the date stated above. DATE SIGNED

D. MARK, M.D.
BURIAL, CREMATION,
REMOVAL (SPECIFY) FORT HOWARD, MARYLAND VAH. M. D. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

Holy Redeemer Cemetery Baltimore, Maryland Burial

> Jerome Cvach Funeral Home, 900 N. Chester

24. FUNERAL DIRECTOR

(State)

ADDRESS

 M

V5 A15C 1-55 10M

1956

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01424

6009 Harford Rd. Balto. Md.

### TAST CERTIFICATE OF DEATH

> CERTIFICATION	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
City (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give neerest town) (in this ptace)	TOWN 5535 Windsor Mill Road, Baltimore
A Fort noward   O Days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital	STREET (If rural give location) ADDRESS 5535 Windsor Mill Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) FRANK F. FULENW	70
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	
Male White (Specify) Married May 2	9. 1898 57 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
refliredPayroll Accountant Aircraft	Henrietta, North Carolina U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milliam Full amed days	07 11 2
William Fulenwider  IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Clara Nelson
(Yas, no, or unks) (If Yes, give war or detes of service)	7. IN ONNAN & ADDRESS
Yes   WW I 212-12-1369	Clin Rec Vet Adm Hospital Ft Howard Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
163 X IMMEDIATE CAUSE (A) BRONCHOGENIC CARC	INOMA. RIGHT LUNG AND MEDIASTINUM UNKNOWN
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO X
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work et work	
<b>22. I hereby certify</b> that $X$ attended the deceased from $Eeb$ 20	, 19.56, to Feb. 28, 19.56, XHAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE 3 SIGNATURE	t. 5.245A.M, from the causes and on the date stated above.  ADDRESS (Street, city, town, state)  DATE SIGNED
FRANCIS G. DICKEY, M.D., Chief, Medical Bery	
FRANCIS G. DICKEY, M.D. Chief Medical Bery  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  ATE THEREOF NAME OF CEMETERY OR	ice VAH, FORT HOWARD, MARYI, AND 2-28-56 CREMATORY LOCATION (City, town, or county) (State)
Burial 3-2-56 New Cathedra	1 Cemetery Baltimore, Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

996I 9 **8**VW

BUREAU V. S.

MANGERTIFICATE OF DEATH

this

72 hours after death. After director, the third copy of

0

DATE

# ATTENDING PHYSICIANOR HOSPITAL: The law requires that the death certificate The bottom copy may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH 1462

01425

	Reg. Dist. No.	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY BOILTIMORE MARYLAND	STATE Manyland COUNTY BaltImone	
CfTY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR	
* TOWN Cockaysville 74rs.	TOWN Cockaysuille	<
HOSPITAL OR INSTITUTION OR	STREET (If rural give focation)	,
STREET ADDRESS Dalto. County Home	Abbridge	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Y	eer)
		5
RACE WIDOWED DIVORCED	F OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER	
Temale White Wispocity owed	yrs. Months Days Hours	Mi
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF W	HAT
retired) housewite	Manyland. COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Levi Bunton	Nancy Tage	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give war or detes of service)	- Balto. Co. Home Records.	
18. MEDICAL C	ERTIFICATION INTERVAL BET	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
4. IMMEDIATE CAUSE (A) (Ononany)	thrombosis 3hr	4
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TATAING LINDERLYING CAUSE LAST DUE TO		
STATING UNDERLYING CAUSE LAST. DUE TO		
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ellitus 5-ye	ar
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTO	PSY?
		10
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., atc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Sta	10)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jun	1949 to Feb 1956 that I lest saw the d	05036
alive on 7th 11 , 1956 , and that death occurred	at 12:32 M. from the causes and on the date stated above	50003
SIGNATURE	ADDRESS (Street, city, town, state) DATE S	IGN
	1'- 1'- '11'- 00'	1
Elizabeth /3 Sherrell M.D.	Cockeysville Ind. 2/11)	15 6
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY (		(State)
M.D.	OR CREMATORY LOCATION (City, town, or county)	(State)

### LIGO CERTIFICATE OF DEATH

The part of the first water and the first state of

BUREAU V. E.

FEB 14 1956

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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FEB 27 1956

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SENTED FROM STORY

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

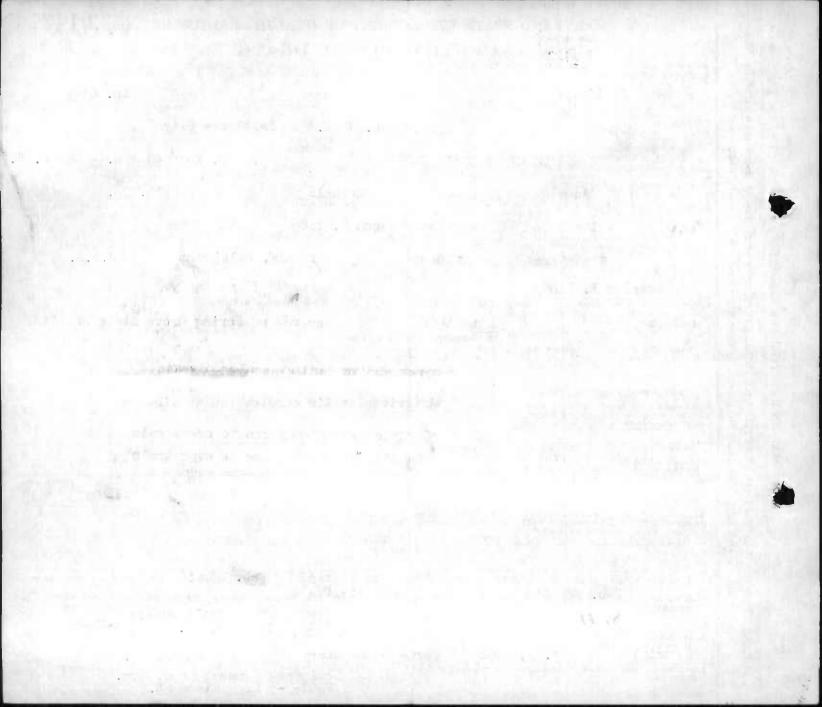
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1463 CERTIFICATE OF DEATH

Reg. Dist. No.

01427

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE COUNTY Balto. City
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)  TOWN Catonsville 3yrs.8mths.	27dy Baltimore City 3 Vol. 4
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS
4 STREET ADDRESS SPRING GROVE STATE HOSPITAL	730 N. Kenwood Ave Balto. 5.
(=====)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Anna Handy	Gosnell OF DEATH: Feb. 28, 1956
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
	h 9, 1886 69 yrs. Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY:	COUNTRY?
seamstress unknown	Maryland, Baltimore U.S.A.
3. FATHER'S NAME:	
Charles E. Handy	Maggie Eiman Handy
Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
unknown of service) unknown	Records of Spring Grove State Hospital
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	lerotić cardievascular disease
	hypertrophy due to overstrain
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	dilitation due to overstrain
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO X
1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (County) (State)
DF INJURY (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while at work   at work	21F. HOW DID INJURY OCCUR?
SIGNATURE CIANO	11:40pm, from the causes and on the date stated above.  SPRING CHOVE STATE HOSP: DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) Burial Mar. 3, 1956 Parkwood (	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.



9

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1464 CERTIFICATE OF DEATH

Reg. Dist. No.

428

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
н	B-Dt and	med Dolf
	COUNTY COUNTY MARYLAND	STATE MOU, COUNTY Dellucte
н	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give reparest town) (in this place)	CITY (If outside corporate limits, write RURAL end give neerest town) OR
	X TOWN Plateriel like	TOWN Phoenia
	HOSPITAL OR STILL A DI	STREET () / (If rurel give location)
	INSTITUTION OR STREET ADDRESS OLD YORK FOR	ADDRESS Old Hork had,
T.	3. NAME OF (First) // (Middle)	(Lest) // DATE (Month) (Day) (Yaar)
	(Type or Print) Magdalena Fints In	wefe DEATH 2-13-1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH U 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Remale white (Specify) married 8-8.	-1878 77 yrs. Months Deys Hours Min.
	10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
1	done during most of working life, even if PR INDUSTRY refired)	MARIIVELIA SOUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	The see An alexander	Glia a hath Mar to
	Heorie ans	- agueren rang
	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
0	(Yes, no, or unk.) (If Yes, give wer or dates of service)	Fried E. Sralfe, Phoeny, Mill.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	170 × IMMEDIATE CAUSE (A)	oman Dreus of Min
		The state of the s
٠,	ANTICEDENT CAUSE(3)	
	GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST, DUE TO	SPECIFICATION AND ADDRESS OF THE PROPERTY OF T
	(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	10 (F) 1/11/1/100/1 Nou
	DISEASE OR CONDITION CAUSING DEATH.	Y VA JANVIY VIEW
^	19e. DATE OF OPERATION 19b. MAJOR TINDINGS OF OPERATION	20. AULOPSY?
0		YES NO
	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	WHERE DID INJURY OCCUR? (City or town) (County) (Stells)
		211. HOW DID INJURY OCCUR?
	M. While Not while et work st work	
	22. I hereby certify that I attended the deceased from	10917 701-11/105/2011/11
4	1 - A / 11/ Am/	Jum / V
	alive on fig. 190 and that death occurred at	
10M	SIGNATURE	ADDRESS (Street, city, town, stete) DATE BIGNED
ICI	MUSILLA VIIX TOUTH VILLES	Dalanin Motolestad
1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY   LOCATION (City, lown, or county) (State)
A15C	REMOVAL (SPECIFY) 2-16-56 Grod 400 VILLE	( Bokaria JAR Branis 16 Balla Ca Mid
S	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
>	Jakan Williak Villandit	A H B COLD I BOOKESS
	DATE OF 13=37 VINLYMYMUNI	Discoll Proofs, Sparts, Mai
	Lele 17-56-Ma Elizabeth Gorsuel	

MARYLAND STATE DEPARTMENT OF HEALTH-HALTHARDER IS THE OF LOS

ATABOTTO STADBITSON AND

Bilder

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Continue Continue to the tour trees

### 1465

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Rog	1 Mat	No
REEK.	DISI.	140

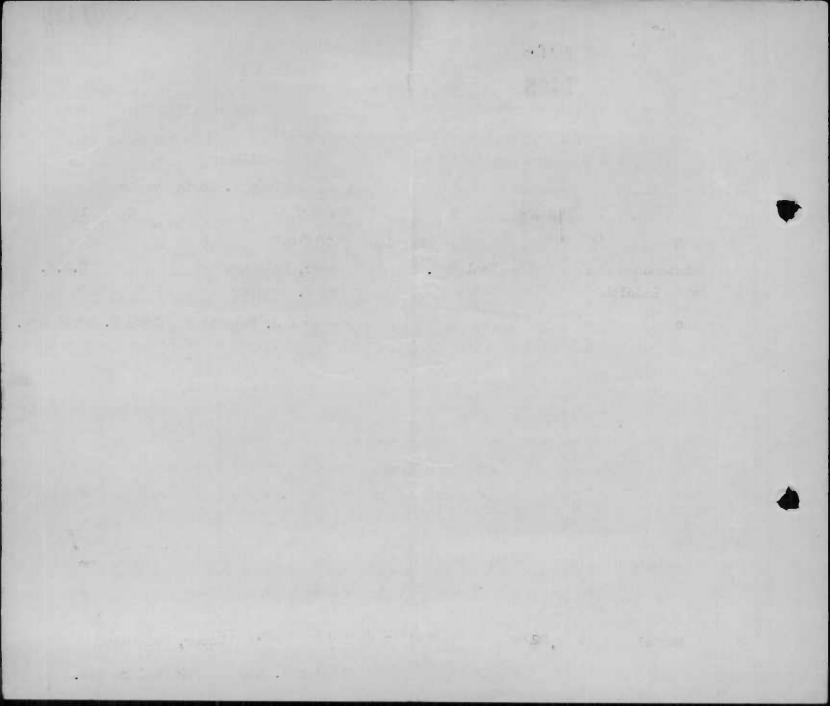
		- 010 1.1132 1011			neg. Dist. No	
1. PLACE OF DEAT	JI. 1-		2. USUAL RESIDENCE	(HOME) OF DE	CEASED.	
	2//mors	MARYLAND	Maryland		COUNTY	
OR give neares	corporate limits, write RUR		Maryland CITY (If outside corpo	orate limits, write	RURAL and giv	e nearest town)
TOWN	100011	(in this place)		imore		3401-4
HOSPITAL OR INSTITUTION O	P		STREET		give location)	
STREET ADDRE		Ker Co Juppa Rd.	ADDRESS 1909	W. North	Avenue	1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print)	FRANK ·	T.	GRANGER	OF DEATH	2	17 19 56
SEX	6. COLUR OR NACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH			year  If under 24 hrs
M	Colored	WIDOWED, DIVORCED, (Specify) Married	12/21/1895	60	yrs. Months	Days   Hours   Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country	7)   12.	CITIZEN OF WHAT
Maintenance	working life, even if retired)	INDUSTRY TOOL ME	Dover Delaw			COUNTRY?
Maintenance	TE .	. 1001 1115	14. MOTHER'S MAIDE	N NAME	•	U.S.A.
John Windol			Eva C. Grange	er		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES	17   16. SOCIAL SECURITY No.	17. INFORMANT AND			
(Yes, no, or unknown)	(If yes, give war or dates	of	Margaret G. V.	alantina	1000 W.	North Ave.
		18. MEDICAL CE		and	1707 80	HOT OU WAG!
I DISEASES OF CO	ONDITIONS DIRECTLY					INTERVAL BETWEEN
4.20.	MADITIONS DIRECTLI	LEADING TO DEATH	/	, .		ONSET AND DEATH
Immediat	e cause (a)	1 oronar	4 / Drow	100515		Suddon.
			ý		17000 00001.004.004.00000000000000	. And a mark an active of the
	nf cause(s) conditions, if any. (b)					
giving rise t	o the shove cause	· - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -				
stating the	underlying cause last					
AT ANDRESON MANAGEMENT	(c) ICANT CONDITIONS					
Conditions contrib	uting to the death hut not					
related to the disea	se or condition causing deat					
198. DATE OF OPE	RATION 196. MAJOR I	FINDINGS OF OPERATION				20. AUTOPSY?
21. EXTERNAL CA	NGW WAR		,			Yes No E
PRIMARY OR CO	ONTRIBUTING [ OF	Cls (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
CAUSE OF DEAT						
OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY O	CCUR?		
INJURY	m,	work at work				
22 Locatify that 1	took shares of the rows	ing described above 1-11 - A		4	43	
abtained by sai	d Autonsu Inspection of	ins described above, held an A r Inquiry, find that said dece	utopsy , inspection	led above and	thereon and f	rom the evidence
from: natura	causes - accident	, suicide , homicide ,	undetermined .	ea anne, ana	wain in my	opinion resuited
SIGNATURE		(Degree or title)	ADDRESS			DATE SIGNED
1/2/	PETAL	00 9	5-17/1	D1-	# 1	2/. 1-1
Charl	est (VI) on	nellmin 7.	301 your	KN 100	NSOM 4	117/56
REMOVAL 4Spec	ATION DATE THERE	What cost - Si	Iver Lake Dr.	LOCATION (Cit		y) (State)
Buriai					Delaware	DESCRIPTION OF THE PARTY OF THE
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR		ADDRESS
J.CN	736/1911.	ped ne	Charles R. Las	802	Madi son	Ave
		1				

VS. A15A

The correct age

15

MARGIN RESERVED FOR BINDING



Months

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

(State)

(County)

FOR RESERVED

> , 1956, to 2 - 16 , 1956, that I last saw the deceased 47P, M, from the causes and on the date stated above. DATE SIGNED ille-20, Med. LOCATION (City, town, or county) DATE REC'D BY LOCAL REGISTRAR ALTO., 24, M.D

The state of the s BUR BY FELDONELS PROBLED FROM THOUGH WANTHE FOR パナス(4年) いたいかいかいかいできることがはたましいだっ ELECTRICAL PROPERTY. Dr. Milion Gallaghir.

WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

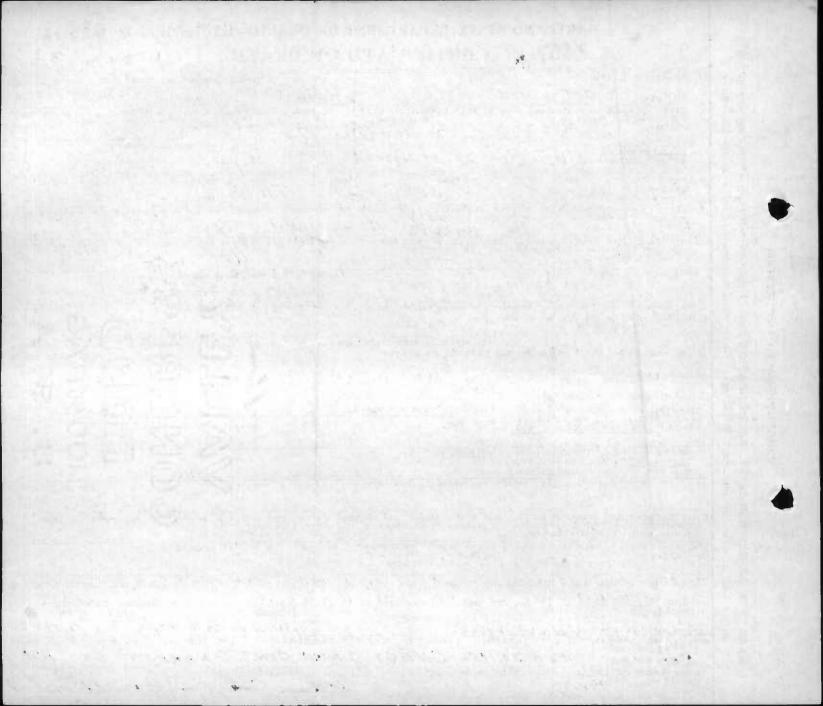
PLEASE TYPE OR WRITE PLAINLY,

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01431

1	467	CERTIFICATE	OF	DEATH
or the last	TO #	CHALLETOALE	OT.	TOTAL TAL

Reg. Dist. No. 32....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BALTIMORE MARYLAND	MARYLAND COUNTY SARR	Ett
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and	
TOWN MI WILSON Sin this place)	TOWN OAKLAND	1X-2
HOSPITAL OR INSTITUTION OR WILSON St. HOS SI'ty	STREET (If rural give location) ADDRESS RD #2 BOX	309 +
3. NAME OF (First) (Middle) DECEASED: (Type or Print) CUCIB ALICE	(Last) 4. DATE (Month) (Day OF DEATH: 2	(Year) 19 5 6
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE WIDOWED, DIVORCED,   10.	22,1884 1/ yrs. Months Day	s Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): How wife		TIZEN OF WHAT
13. FATHER'S NAME: CACPhoneso Taylor	14. MOTHER'S MAIDEN NAME: Wolly Socol:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICAT	ION	NTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  O A  IMMEDIATE CAUSE  (A) Far activa		DISET AND DEATH
DUE TO		
ANTECEDENT CAUSE (8)		
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	N I I I I I I I I I I I I I I I I I I I	20 411700000
		YES NO
21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nev	8. 1955 to Feb, 19 1956 that I last s	aw the deceased
	11 A, M, from the causes and on the date ste	
William Newsmer M		OTOTABLE
	.D. MI, WILSON STATE HOSP. FE	6.19.1956
REMOVAL (SPECIEV)	.D. MINISON STATE HOSP. FER	ounty) (State)
REMOVAL (SPECIFY)  PEMOVAL  FOR 20,1956 GNEGY  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE 1	.D. MI, WILSON STATE HOSP. FE	co. Md.  ADDRESS



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

# VS. A15 — 10 - 53

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()143 1468 CERTIFICATE OF DEATH Reg. Dist. No.

7 7		d Of DEAL	Reg. Dis	
1. PLACE OF DEATH:		. /	ENCE (HOME) OF DECEASE	
COUNTY Baltimere	MARYLAND	STATE Mary.	Land COUNTY Anne	Arundel
CITY (If outside corporate limits, write R OR and give nearest town)  TOWN Catonsville	URAL LENGTH OF STAY (in this place) 6 months	CITY(If outside OR TOWN Anna	corporate limits, write RURAL	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove		STREET ADDRESS CO	unty Home	)
3. NAME OF (First) DECEASED: (Type or Print) Sally	(Middie) Franklin	(Last) Hall	4. DATE (Month) OF DEATH: February	(Day) (Year)
5. SEX:  6. COLOR OR  7. SINGLE.	D. DIVORCED.	1-1879	9. AGE iast birthday IF UNDER (Months)	Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  Unknown	OR INDUSTRY:	11. BIRTHPLACE (	State or foreign country):  12.	COUNTRY?
13. FATHER'S NAME: R. T. Conner		14. MOTHER'S MA	,	
15. WAR DECEASED EVER IN U.S. ARMEO FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT &	ng Grove State Hos	pital
No   or service)	8. MEDICAL CERTIFICAT			INTERVAL BETWEEN
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY.	(A)Generall2	ed arterioscl	GIUSIS	Years
	(c)			
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE	THE			
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY street, office bldg.,	tory, 21c. WHERE E	OID (City or town) (Cour	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work at work	21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that I attended the alive on 2-23- 19 56, and SIGNATURE	that death occurred at	10:45M, from th		stated above.
23. BURIAL, CREMATION. DATE THEREO	T NAME OF CEMET	Leef falor	Rage Hary Land town, of Rolling N	1 d
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL D	PIRECTOR	ADDRESS

2-1. VICE WAR FEB 256 1858 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No

Thoma 5 6 7 FilmC102 2-1	-56 at			
I. PLACE OF DEATH.		2. USUAL RESIDENCE (F		ED·
BALTIMORE,	MARYLAND	STATE MARYLA	AND	COUNTY
CITY (If outside corporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpora	te limite, write RURA	AL and give nearest town)
5 OR give nearest town) DUNDALK.	(in this place)	TOWN DUNDA	46K. M.	10
HOSPITAL OR		STREET	(If rural, give le	peation)
INSTITUTION OR STREET ADDRESS 225 MAI	PLE AVE.	ADDRESS 225	MAPLE	AVE.
3. NAME OF (First)	(Middle)	(Last)	1 4. DATE (M	onth) (Day) (Year)
(Type or Print) WOO DIE	ROBERT	HALL.	OF DEATH	2 - 4 - 1956
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year  If under 24 hrs.
Male White	(Specify) Plarried	5-26-1896	59 ym.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
done during most of working life, evon if retired)	BETHELH WEM STEE	LALBERMAL	COWNTY	COUNTEYT
13. FATHER'S NAME		14. MOTHER'S MAIDEN		4.0-1.
JOHN HALL		PEARL	WOOD.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates exercise)	218-10-6505	PEARL HAI	L 225 MA	PLE AVE-22
	18. MEDICAL CE		- 000 / 17	TE AVE
A Diddiged of Company of Didecate				INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY		0.		ONERT AND DEATH
Immediate cause (a)	(bronan	Gerlusson.		6 week
Immediate cause (2)	X		>00 -01 3161113011 361	
Antecedent cause(s)	anto the	- Heart Dis	*	
Diseases or conditions, if any, (b)	(Monoster C	- I lead Ill	lave	7 you
stating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing deat	h.			
19a. DATE OF OPERATION   19b. MAJOR I				20. AUTOPSY?
0				
21. ACCIDENT (Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN) (C	COUNTY) (STATE)
SUICIDE OF INJUSTICAL OF	office bidg., etc.) JRY	0 6 6 0 0		(SIZIE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	CUR?	
INJURY m.	Work At work			
	0 /	~~ ~ //	1 01	
22. I hereby certify that I attended the	e deceased from Alc!	, 1953, to Feb 7	, 19.5 , that	I last saw the deceased
" Fel 4 :056	141 4 1 41 - 1	7 0		
alive on 1925, an	d that death occurred at (Degree or title)	ADDRESS	causes and on the	date stated above.  DATE SIGNED
SIGNATURE & CVOME	7 las I	1000000	Va-les -	
C. V. Course	///	1 debing i	I many	- tol 4,1756
23. BURIAL, CREMATION   DATE THERE	OF   NAME OF CEMETE	RY OR CREMATORY   L	OCATION (City, town	n, or county) (State)
23. BURIAL, CREMATION DATE THERECE REMOVAL (Specify)	56. PRIZE HILL (	CEMETERY VA.	BOONESVI	LLE. VIRGINIA
DATE REC'D BY LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
TREG. 5 - 10 CC HT -	Ann I I I A A A	-111 AHM / L-11	11 1 1 1	
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Waller Habron	pl 100/A7	tundelk (he -

BUREAU V. S.

FEB 8 1826

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2	
VS. A	

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18 01434
1469 CERTIFICATI	E OF DEATH Reg. Dist. No
I. PLACE OF DEATH:  COUNTY Battingue 19 MARYLAND  CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE QQ COUNTY
TOWN Starrows 4. (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
INSTITUTION OR THE STREET ADDRESS 710 E. St.	STREET (If rural, give location)  ADDRESS
3. NAME OF (First) DECEASED: (Type or Print)  ANTON.  (Middle)  HALV	/ORSEN . 4. DATE (Month) (Day) (Year) OF DEATH: FEB. 7. 1956.
male - White Specificarried Ja	OF BIRTH:  9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 RRS.  W 10 · 1862 94 yrs. Months Days Hours Min.
work done during work of working life, even if retired)	R II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: MURNSEVN	14. MOTHER'S MAIDEN NAME:
(Yes, no, or unk.) (If Yes, give war or dates of 2/2-16.5655	Silvan Halvorsen adelies as
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    How because	continue de la
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	bralhemorrhage + henriflegia 18 no.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.)	20. AUTOPSY? Yes No Y (CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY M. Work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	5. 19.55 to 7. 19.56 that I last saw the deceased S. J. T. 19.56 that I last saw the deceased S. DATE SIGNED DATE SIGNED
23. BURIAL, CHEMATION DATE THEREOF NAME OF CEMETER BURIAL (Specify): 2-10-56 MORELANS	MEM. PARK BALTO. CO., Md,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ACTION & Dawson & Farley M	Jolks Bush Godly Hurlock, 44.

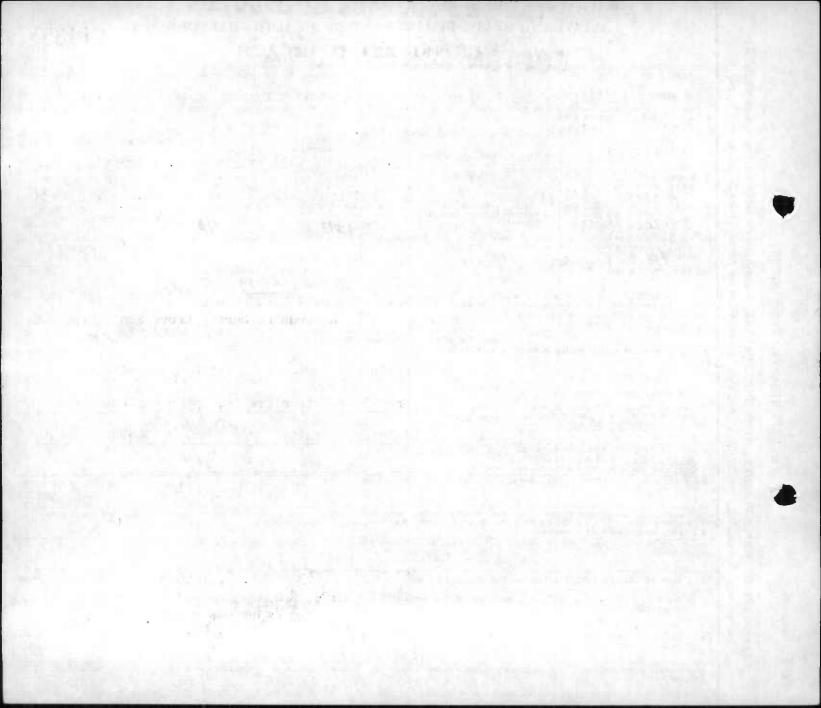
BUREAU V. S.

LEB 10 1826
RECEINE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information-carefully. The

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 8,2. FilmG192, 3-21-56, et	18	01435
4 4 100			No.

[47]	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Baltimore MARYLAND	STATE Maryland county Baltimore
CITY (If outside corporate limits, write RURAL LENGTH COR and give nearest town) (in this	OF STAY CITY(If outside corporate limits, write RURAL and give nearest town)
52 TOWN Catonsville 2mths.2	
HOSPITAL OR INSTITUTION OR ILL STREET ADDRESS SPRINGGROVE STATE HOS	STREET (if rural give location) ADDRESS
77 DIRENGONOVE DIAID NO.	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Lill#C	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Feb. 9. 19 56
5. SEX:  6. COLOR OR  7. SINGLE, MARRIED.   8	3. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR   IF UNDER 24 HRS.
female white WIDOWED, DIVORCED. (Specify): widowed	1-29-1898 1881 75 78 yrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of or NO. KIND OF BUSI work done during most of working life, or INDUSTRY;	
work done during most of working life, even if fetired); Kest Com Hornes	Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John A. HAULPLIPE	FINNA Hoknown Gordon
18. WAR DECEASED EVER IN U.S. ARMED FORCES	
(Yes, no. or unk.) (If Yes, give war or dates unknown of service)	Records of Spring Grove State Hospital
18. MEDICAL CER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH ONSET AND DEATH
260X Hvr	pertensive arteriosclerotic heart disease
IMMEDIATE CAUSE (A)	
ANTECEDENT CAUSE (S)	
	eneral arteriosclerosis, hypertension
STATING UNDERLYING CAUSE LAST. DUE TO	
(c) Di	labetes, obesity
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OF	PERATION 20. AUTOPSY?
0	YES NO
21a. ACCIDENT WAS UNDERLYING \( \) 21b. PLACE (Home, of CONTRIBUTING \( \) CAUCHO CONTRIBUTING \( \) CAUCHO CONTRIBUTING \( \) CAUCHO CONTRIBUTING \( \) CAUCHO CONTRIBUTION C	farm, factory, fine bldg., etc.   21C. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OC While Not at work at w	while
22. I hereby certify that I attended the deceased from	July, 19.53 to Feb. 9., 19.56 that I last saw the decease
	arred at 12:0M, from the causes and on the date stated above.
SIGNATURE Slyne Williams	ADDRESS DATE SIGNED
9.7	M. D. Catton will 20 2/9/56  F CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State
REMOVAL (SPECIFY)	RELAND Memoral BALTIMIZE Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 24. FUNERAL DIRECTOR ADDRESS



## MARYLAND STATE DEPARTMENT OF HEALTH

## 1471 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

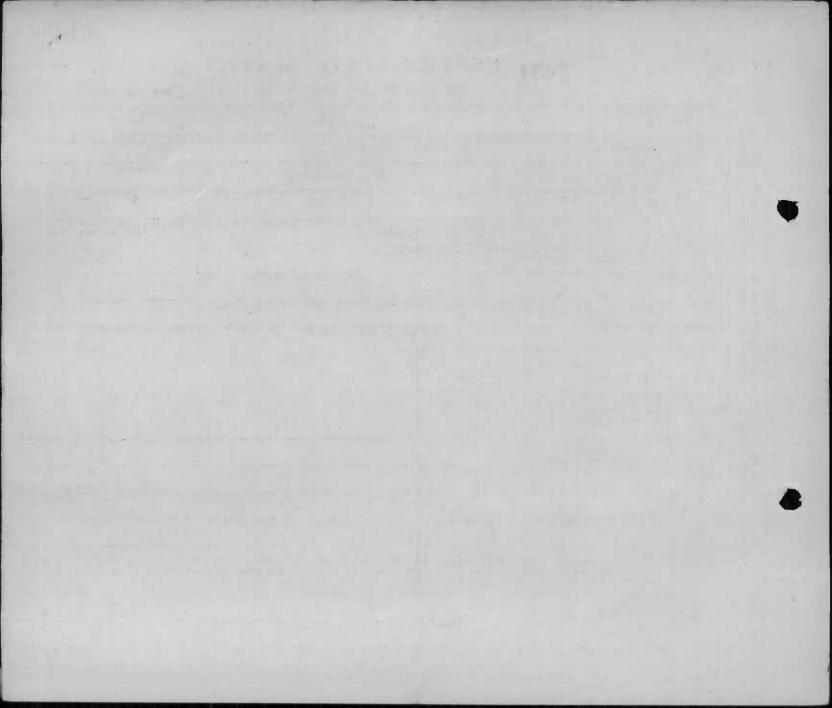
43

		Reg. Dist. No
1. PLACE OF DEATH O	2. USUAL RESIDENCE (HOME) OF D	ECEASED.
Q C. MARYLAND	STATE Md.	COUNTY Balto
CITY (If outside corporate limits, write RURAL and OR give nearest town)  OR URAL and LENCTH OF STAY (In this place)	CITY (If outside corporate limits, write	e RURAL and give nearest town)
TOWN TOWN / L L LEG (In this place)	TOWN Overle	G X
HOSPITAL OR INSTITUTION OR	STREET (If ruri	if, give location)
STREET ADDRESS J COCIC I man A Val	3 C064	CILMGL AVE
3. NAME OF (First) (Middle)	(Last)   4. DATE	(Month) (Day) (Year)
(Type or Print) Wartha H.	anson DEATH	
5. SEX  6. COLOR OR RACE  7. SINCLE, MARRIED. WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last 1	mirthday If under I year   If under 24 hrd.   Months   Days   Hours   Mis.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTIIPLACE (State or foreign count	ym.
done during most of warling life, even if retired) INDUSTRY HOME	Menomonie W	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	18 0.2.
August Klatt	Heneratta	2
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	•
(Yes, no, or inknown) (If yes, give war or dates of None	Herbert A Hause	n 5 Councilman
18. MEDICAL CEI	The state of the s	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331x 0 1 0 il	P	
Immediate cause (a) Lueval Ne	monhage	J Ws-
Diseases or conditions, if any. (b) giving rise to the above rause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		You No No
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work ut work		
	adams of Immedian I	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deced	used died on the dry stated above, and	death in my oninion resulted
from: natural causes A accident , suicide , homicide ,	undetermined .	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jack (Kalleur Pent. Med. E. B	alt 22	2-11-52
23 WIRIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY   LOCATION (C	ity, town, or county) (State)
BURIAL FERZO 193 LI PEACE ALU	THERN CEM. MENON	ONIE WISCONSINI
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
101-16 1956 U. W. Heds oh	Verbil Bro -	1110 BELAIR RO

The cor

FLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

PLEASE TYPE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01437

- 1 / 1 has a	CERTIFICATE	OTS	TATA	A PERTY
1 /1 / 1 1	THE RESERVE HE HE HE SHALL HE	C D H	1 H. 6	7 I H

Reg. Dist. No. ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland county
CITY (If outside corporate limits, write RURAL CIPY (In this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS eterans Administration Hospit	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED:	HARPER DEATH: February 10 19 56
Male   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   WIDOWED, DIVORCED.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist  10B. KIND OF BUSINESS OR INDUSTRY:  Machine Shop	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Everson, Pa. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John E. Harper	Mary O'Donahue
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) WWI 218-28-0739	Clin. Red., Vet. Adm. Hosp., Ft. Howard, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ### ANTECOME  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	ELEROTIC HEART DISEASE  UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor of Contributing Cause of Death (if either, notify medical examiner)	ctory. 21c. WHERE DID (City or town) (County) (State) ., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	21F. HOW DID INJURY OCCUR?
JOHN J. KENNEDY, M.D.	try 26 1956, to bruary 101956, that I desk saw the deceased t 9:05PM, from the causes and on the date stated above.  ADDRESS  M. D. VAH, Fort Howard, Md. 2/10/56  TERY OR CREMATORY   LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET BURIAL Sacred Hear DATE REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE	t Cometery Baltimore, Maryland
PREGISTRAR 14, 1956 Dawson L. Farting	Walter Brooks Bradley Fineral Home Inc



BECEINED

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

1473

01438

Reg. Dist. No. 39

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
Bill.	mile and Belding
COUNTY FALLULUS MARYLAND  CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give-neerest town) (in this place)	OR .
x rown hunleton 8415	TOWN mouleton X
HOSPITAL OR	STREET (If ruyal give location)
INSTITUTION OR STREET ADDRESS Mentiton Rel	ADDRESS huenleten Rd
3. NAME OF (First) (Middle)	(Lasi) 4. DATE (Month) (Day) (Year)
(Type or Print) Crayson	Hairis DEATH February 24 1956
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE O	
Male Colored (Specify) Married Sept	22 1883 72 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR JNDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	mayor - Palto Co hel Sist
13. FATHER'S NAME (/	14. MOTHER'S MAIDEN NAME
George Henry Harris	Eliza Crom Well
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	wife - Estella monto Tod
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	e Condia-Vascular disease (NES) 8465
4 IMMEDIATE CAUSE (A) UNTERIO SECULIATE	e caracte various insiente over 8 903
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
Of ACCOUNT WAS INDEDIVING STATE Of BLACE (II	21c, WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, farm, fectory, OF INJURY street, office bldg., etc.)	TE. WHERE DID INJURY OCCUR? (City of fown) [County] [Stole)
	21f. HOW DID INJURY OCCUR?
M. While Not while at work et work	
22. I hereby certify that I attended the deceased from Telluria	ary 1948, to february, 1900, that I last saw the deceased
a 1 1 ) a la mort	6
alive on 19.3.4.2, and that death occurred at	ADDRESS (Street, city, town, state)  DATE SIGNED
Lot Tlees	( 1411. Do Med - 4) ch 1957
M. D.  23 BURIAL CREMATION. I DATE THEREOF I NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or county) (Stete)
23. BURIAL, CRÉMATION, DATE THEREOF NAME OF CEMETERY OR	CKEMATORY COCATION (City, town, or county)
puflator per 28-26 Fair VIEN	V COS. FOREST HILL, THO
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
Mrs blev. Ingesty	marin spents of and work
in the second	

## RERTIMOATE OF DEATH

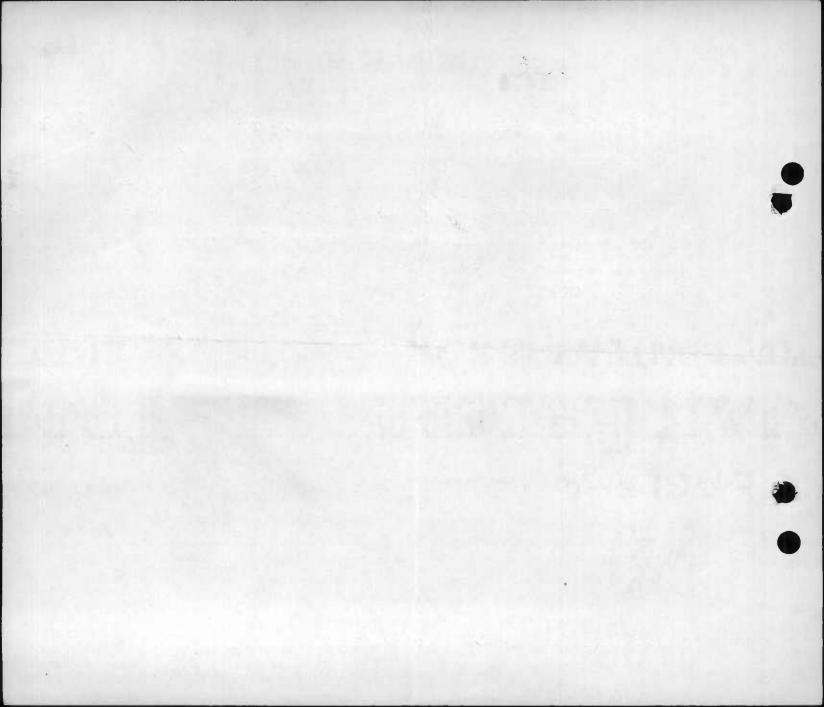
## CERTIFICATE OF DEATH 1474 FOR MEDICAL EXAMINERS

Reg. Dist. No.

e e		
The	I. PLACE OF DEATH. COUNTY Balting MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
125	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give/hearst town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
gib	TOWN (Il wer Beach (III this piace)	TOWN Cliver Beach
car	HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
and	STREET ADDRESS	Mt. 19 Box 112
ati	3. NAME OF (First) (Middle)	(Jast) 4. DATE (Month) (Day) (Year)
ear	(Type or Print) GEORGE 17. SINCLE MARRIED.	MAD P DEATH L - // 1936
of information carefully death clearly and legibly.	6. COLOR OR RACE 7. SINGLE, MARRIED, WYDWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. 3-16-1893 2 yrs. If under 24 hrs. Months Days Hours Min.
de de	done duping most of working life, wen if retired   Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
O E O	13. FATHER'S NAME	ma.
ly every item the causes of d	Glora a albert Sant	14. MOTHER'S MAIDEN NAME
Z S S S S S S S S S S S S S S S S S S S	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   46. SOCIAL SECURITY NO.	17.ANFORMANT AND ADDRESS
5 yag	(Yes, no, or unknown) (If yes, give war or dates of service)	florence Hand (Same)
0 (1)	18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
Supl write	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
INK.	420.1 Orouge	Oecluseri -
S Ne	Immediate cause (a)	
	Antecedent cause(s) Diseases or conditions, if any, (b)	
Z Z us	giving rise to the above cause stating the underlying cause last	
UNFADING t. Physicians:	(c)	
NFA Phy	II. OTHER SIGNIFICANT CONDITIONS	
5:	Conditions contributing to the death but not related to the disease or condition causing death.	
H	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
WITH	O AL DATE OF THE PARTY OF THE P	Yes 🗆 No D
PLAINLY, WITH especially importan	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
日電	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?
A S	INJURY m. work at work	
PLAINL especiall	22. I certify that I took charge of the remains described above, held an A	utopsy . Inspection I Inquiry thereon and from the evidence
E . X	obtained by said Autopsy, Inspection or Inquiry, find that said deco	ased died on the day stated above, and death in my opinion resulted
	from: natural causes accident, suicide, homicide, SIGNATURE (Degree or title)	ADDRESS A DATE SIGNED
WRIT	m(0) $n(1)$ $n(1)$	
	I Thank I'm lep het Exam	- Sundaile-vv Mrs 1/40/16
EASE	23. RURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
ध	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
PI	1 REG. 20 1957 (1.11) 40 Spich	It is Comelly Fred ml
5	I way the fix and	John de Charles I would will

The correct age

MARGIN RESERVED FOR BINDING



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1475CERTIFICATE OF DEATH

01440

Reg. Dist. No. 38

1. 2. LISUAL RESIDENCE (HOME) OF DECEASED

	D-14:		M 2	3	Date	
	COUNTY Baltimore MARYLA		STATE Maryla		Baltimor	
	CITY (If outside corporate limits, write RURAL LENGTH OF OR and give nearest town) (In this plan		OR	orate limits, write RURAL end	give nearest town)	
	Parkville Parkville		TOWN Parky	rille	STATE OF THE	X
	HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give I	ocetion)	/
	STREET ADDRESS 8117 Bon Air Road		8117	Bon Air R	Road	
	3. NAME OF (First) (Middle)		(Last)	4. DATE (Month)	(Dey)	(Year)
	DECEASED	perling		OF DEATH FOR	7.	
		8. DATE OF	DIDTI		ruary 15	19 56 TIF UNDER 24 HRS.
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,				onths   Days	Hours   Min.
	female   white   (Specify) widowed	June 1	0, 1880	75 yrs.		
	10e. USUAL OCCUPATION (Give kind of work done during most of working lile, even if OR INDUSTRY	1	1. BIRTHPLACE (State or fore	ign country)	12. CITIZEN	N OF WHAT
1	relired) at home	C	learfield Cou	ntv. Penna	US	
	13. FATHER'S NAME	'	14. MOTHER'S MAIDEN			
	John Smith		Jennie			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECUE	RITY NO.	17. INFORMANT &	ADDRESS		
-	(Yes, no, or unk.) (If Yes, give war or detes of service)				0775	70 4.
Q.				a Gail Brunga		BON AIR
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ICAL CERT	IFICATION _	- / -		ET AND DEATH
	Men	scare	delle C	, degenera	llon	
	4. O. IMMEDIATE CAUSE (A)		~ P	1		100
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	ond	ry Theron	nooses:	6	5 mos.
	GIVING RISE TO THE ABOVE CAUSE	D	111	, (		
	STATING UNDERLYING CAUSE LAST. DUE TO	arcon	flerose	9		
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
	190. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION				20	. AUTOPSY?
0					YES	- 5
	216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, Tarm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)		c. WHERE DID INJURY OCEL	JR? (Cily or town)	(County)	(State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		1			
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCUR While Not	while 2	IF. HOW DID INJURY OCCU	JR?		
	M. at work at we	ork 📗	- (5)	1-71		
	22. I hereby certify that I attended the deceased from.	lucy.	19 5, 100	er_ , 19.66,	that I last say	v the deceased
	alive on tell 1.4., 19. 5. 1,4., and that death o	occurred at.	- 10	causes and on the dat		
10M	SIGNATURE	/	ADD ADD	RESS (Street) city, town,		ATE SIGNED
5 10	rance . Lank	M.D.	9005	Horland	KOV	2/16/50
1-55		EMETERY OR C	REMATORY	LOCATION (City, town, o	or county)	(State)
A15C	REMOVAL (SPECIFY)	Connet	Cowatana	(2 6: -7	Danie	1
VS A	Burial   Feb. 18, 1956   Hill	crest	Cemetery 25. FUNERAL DIRECTOR'S	Clearfie	ADDRESS	
>	FED 10 1 0 m n				0 2 5	2 ((2)
	DATE 1 1/2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /	2.1	Leonard J.	Ruck, 5305 Ha	riord Ro	ad #14

X

MATTELAND STATE DEPARTAMENT DE HEALSGE-NALTHAWN ONE, TH

o ONSE SEE MITTER ASSET

## LISTERTIFICATE OF DEATH

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BUREAU V. S. FEB 17 1856

Lorent D. Breit, 1905 for Lorent in hannel

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Natural Transfer of the Atlanta Contract

# ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate I The bottom copy may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH 1476

	PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
100	COUNTY Balto.	MARYLAND	STATE Vd	- COUNTY Bal	Lto.
52	CITY (II outside corporate limits, write RURAL OR and give nearest town) TOWN Catons ville	(In this place)	OR	orata limits, write RURAL end gl	
00	HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Payson Ave.		STREET ADDRESS 4 P.	(If rural give local ayson Ave.	etion)
3.	NAME OF (First) DECEASED (Type or Print) Charles	(Middla)	(last) efner	4. DATE (Month) OF DEATH 100	(Dey) (Y
5.	SEX 6. COLOR OR 7. SINGLE, MAR WIDOWED, D (\$pecify) p 1	IVORCED.	of Birth y 24,1387	9. AGE last birthday IF U	INDER 1 YEAR   IF UNDE
10a	dona during most of working life, even If	ind of Business or Industry ntractor	11. BIRTHPLACE (State or fore		12. CITIZEN OF W
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Henry Hefner WAS DECEASED EVER IN U. S. ARMED FORCES?		Lena St	eder	
4	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	eno-silen	the cordin - 1	we desira	INTERVAL BET
GIV	ANTECEDENT CAUSE(S)  EASES OR CONDITIONS, IF ANY, ING RISE TO THE ABOVE CAUSE LING UNDERLYING CAUSE LAST.  (C)				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
					20. AUTO
	DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			YES N
19a. 21a. OR	DATE OF OPERATION 19b. MAJOR FINDING  ACCIDENT WAS UNDERLYING OF INJURY streat  CONTRIBUTING CAUSE OF DEATH  ITHER, NOTIFY MEDICAL EXAMINER)	na, farm, factory, offica bldg., atc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) YES N
19a. 21a. OR (IF E	DATE OF OPERATION 19b. MAJOR FINDING  ACCIDENT WAS UNDERLYING   21b. PLACE (Ho CONTRIBUTING   CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY (Month) (Day) (Year) (Hour) 21.	ma, farm, factory,	21c. WHERE DID INJURY OCCU		

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## MIAS CERTIFICATE OF DEATH

- 41

COMMENTS OF STREET STREET, STR

BUREAU V. E.

FEB ST 1520

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VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# STATE DEPARTMENT OF HEALTH—BALTIMORE, 1801443 CERTIFICATE OF DEATH Reg. Dist. No. 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimere MARYLAND	STATE Maryland COUNTY Baltin	nere
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and OR TOWN Towson	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 Marwood Road	STREET (If rural give location) ADDRESS 610 Marwood Road	/
3. NAME OF (First) (Middle) (I DECEASED: (Type or Print) ELIZABETH SWIRES HENRY	Last) 4. DATE (Month) (Da OF February DEATH:	
Female   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE 2   WIDOWED, DIVORCED,   April 1/2	9. AGE last birthday trunder 1 years, 1910 49 45 yrs. Months Day	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	Pennsylvania US	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Jeseph Swires	Bertha Ellen Craft	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES!  (Yes, no, or unk.) (If Yes, give war or dates of service) None	17. INFORMANT & ADDRESS: Maynard Henry, 610 Marwood Rd.,	Tewsen, Md.
IMMEDIATE CAUSE  ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	LHEMORRHAGE	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facto OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., et if either, notify medical examiner)		(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
	D. 42 7 Hopkies LOCATION (City, town, or co	ated above. SIGNED SOUNTY) (State)

BUREAU V. S.

DECEIVED

## CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-Raltimore COUNTY COUNTY Baltimore Maryland MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town more (in this place) Baltimore TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS Home, 8001 Duvall Ave. STREET 8001 Direction) ADDRESS 3. NAME OF (Middle) 4. DATE (Month) (Your) DECEASED FRIEDA Feb. (Type or Print) DEATH 19 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Female Months ! Days | Hours | Mln. 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OF I2. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKALOWIN 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Igrance Ey 800/ Duvall Ave pervice) INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Carcinomatosis l vear Immediate cause Carcinoma of Breast Antecedent cause(s) 2 years Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 10-6-54 Carcinoma of breast Yes [7 No [ PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Work INJURY At work 9-17-52 2:10 alive on .. ADDRESS SIGNATURE (Degree or title) 8019 Philadelphia Rd. Balt. 6, Md. Jane 16. 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 1471 @ 1 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REG. Lassalu Funeral Home 740/ Believe Dd

POR BINDING Supply every item write the causes of d MARGIN RESERVED INK. UNFADING t. Physicians: WITH PLAINLY, is especially i

important.

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8019 Pala Rd

BUREAU V. S.

FEB 29 1956

BECEINED

/1	MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE, 18	01445
48 8	1386 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	Dist. No. 41
s should cremotia	1. PLACE OF DEATH BALTIMORE MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue. STATE WART/AN b. COUNTY	dence before admission)
Page , buridt,	b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 12 and give neares lewn)	c. CITY OR TOWN (If autide corporale limits, write RURAL or	nd give nearest town)
0 · 0/ mm	53 DUHDALK LIFE	DUHDAIK	.53
director director files.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	1921 MAXWELL AVE	e. IS RESIDENCE ON A FARM? YES NO
ny del nerol your f egistra	3. NAME OF DECEASED (Type or print) ////////////////////////////////////	HERMAN JEATH FEB	27 19 5 L
h the r	5. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED    WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthday)  Months  Wrs. (17 12 1895)	R TYEAR IF UNDER 24 HRS.  Days Hours Min.
2, and 3 the retain and 2 will	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	1100	TIZEN OF WHAT COUNTRY?
STO ES	13. FATHER'S NAME AUGUST L HERMAN	14. MOTHER'S MAIDEN NAME  MENTHER'S MAIDEN NAME	
in 24 ho		INFORMANT Address EHRY L HERMAN 25N	STREEPERS
with Gir	18. CAUSE OF DEATH [Enter only one couse per jing for (o), (b), and (c).]	in the transfer of the transfe	INTERVAL BETWEEN DINSET AND DEATH
Det in 188	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Celusin	ONSE! AND DEATH
exec th fo onsit	420.1 DUE TO	· M. 1 · 11	
ol-tro	Conditions, if any, which gove rise to immediate couse	of Cardio-Vascular	4 2-3412
pend olong burin	(a), stoting the underlying DUE TO  (c) Useas	C The second sec	1
ificate shading" in softice sed as o	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED?
his cert ominer'	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Port I or Port II of item 18.)	
the Sicol of 3 shou	Oc. TIME OF INJURY Month, Coy Year 20d. INJURY OCCURRED 20e. Pl Haur a. m. P. m. 19 of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (Coclory, street, office bldg., etc.)	ounty) (Slote)
KAM Heng Poge	21. I certify that I tank charge of the remains described ob	ove, held on Autopsy . Inspection . Inqui	ry 2, and find that
OB:	deoth resulted from: Natural causes . Accident . , S	uicide [], Homicide [], Undetermined couse [	].
certificate ed to the CAL DIRECT	ACTUAL MB Davis	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S M. B. DAVIS MD	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	1121
cute the farword TO FUNER	SERIOVAL (Specify) MANCH !- 56 OAKLAN	OR CREMATORY 22d. LOCATION (City, lown, or county)  A BALTIMOTE COUNT	(State)
VS. A15ME(5) 5M 9/55	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS JULY	240, REC'D BY REGISTRAR 24b. REGISTRAR'S ST	M. Helly
			UB

CONTRACTOR OF THE PROPERTY OF BUREAU V. S.

3551 **3 8AM** 

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

170 CERTIFICATE OF DEATH

Reg. Dist. No

E OF DEATH Reg. Dist. No.
2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE MARY-ANDCOUNTY ANNE ARUNDE CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA, MD.  STREET (If rural give location) ADDRESS MACOTHY BEACH  (Last) HICKS 4. DATE (Month) (Day) (Year) OF DEATH: PEB 12 1936
14. MOTHER'S MAIDEN NAME: Alice Grady  17. INFORMANT & ADDRESS: Mary Sann, Cecil P.J., Milleswille
me cardinous cular distance neralizad arterioscherosis
N 20. AUTOPSY?
etory, 21c. WHERE DID (City or town) (County) (State)
D 21F. HOW DID INJURY OCCUR?
19.6, to 11, 1956, that I last saw the deceased 145/ M, from the causes and on the date stated above.  ADDRESS  A.D. STATE SIGNED  LOCATION (City, town, or county) (State)  LOCATION (Tr. F.D., Md.
Y

VS. A15 — 10 - 53

PLEASE TYPE

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

The

Supply every item of information carefully.

BUREAU V. E.

FEB 17 1956

BECEINED

ATTENDING PHYSICIAN TO HOSPITAL! The law requires that the deeth certificate be The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

CERTIFICATE OF DEATH 1480

Reg. Dist. No.

1.	PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF D	ECEASED		
	county Balto. Maryland			STATE Md. county Balto.				
	CITY (If outside corporate limits, write RURAL OR and give neerest town) TOWN Catons Ville	LENGTH OF	STAY	CITY (If outside corp	orata fimits, write RURAL a			52
-	HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursin	ng Hom	ie	STREET ADDRESS 16	(If rural given and an arrange and arrange)	ve location)		1
	DECEASED	iddle)	H11	nrecht	4. DATE (Mor		(Dey)	(Yeer) 19 56
5.	SEX 6. COLOR OR 7. SINGLE, MARRIEL WIDOWED, DIVO	RCED,	8. DATE O	31,1374	9. AGE last birthdey 81 yrs.	Months	YEAR Days	F UNDER 24 HR: Hours   Min.
10a.	done during most of working life, even if OR !	OF BUSINESS	U	11. BIRTHPLACE (State or for			CITIZEN	
13.	FATHER'S NAME  Joseph Hilprech	ıt		14. MOTHER'S MAIDEN	NAME 			
	ale ale	SOCIAL SECU	IRITY NO.	17. INFORMANT &	ADDRESS ert Hilbre	echt. 1	6 D1	unnore
DISE GIVI STA	ANTECEPENT CAUSE(S) ANTECEPENT CAUSE(S) ASES OR CONDITIONS, IF ANY, NG RISE TO THE ABOVE CAUSE TING UNDERLYING CAUSE LAST.  (C)	nio s	class	Tailer C	EVD		5 G	AL BETWEEN T AND DEATH
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE ISFASE OR CONDITION CAUSING DEATH.  DATE OF OPERATION  196. MAJOR FINDINGS OF	F OPERATION	pro	static h	y pon 7 ro	play	3/	AYTOPSY?
21e. OR C	ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ONTRIBUTING   CAUSE OF DEATH OF INJURY street, off THER, NOTIFY MEDICAL EXAMINER)			RIG. WHERE DID INJURY OCC	UR? (City or town)	(County	YES [	(Stete)
-			while -	21f. HOW DID INJURY OCC	UR?			
22. \$7.	I hereby certify that I attended the decease alive on, and the signature  DIRIAL, CREMATION, DATE THEREOF CREMOVAL (SPECIFY)  Cremation 2-3-56	that death		630 A.M. from the ADE		date stated vn, state) vn, or county)	above.	Z-7 (Stete)
24.	REC'D BY REGISTRAR 195 REGISTRAR'S SIGNATURE	reyn		35. FUNERAL DIRECTOR'S	SIGNATURE		DDRESS	md.

OF DECEMBERAS - STARTS TO THESE PAGES STATE CHAPTERM

## CERTIFICATE OF DIATH

BUREAU V. S.

FEB IN 1956

No. recuested to easily 1.1.

 PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every

item of information carefully. The

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1200	CERTIFICATE	OF	DEATH
13443	CERTIFICATE	OR	DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Balt	imore
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL an	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) to the control of the corporate limits, write RURAL (in this place)	OR TOWN Rollimone (Runs)	0.0.1
Baltimore ("ural)	Daloimore (marai)	errices
HOSPITAL OR INSTITUTION OR 443 O 43	STREET (If rural give location)	51
STREET ADDRESS 4412 Alan Drive	4412 Alan Drive	
3. NAME OF (First) (Middle) (	(Last)   4. DATE (Month) (D	my) (Year)
DECEASED: William R. Hodge	S OF 2/27/	19 56
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday If UNDER 1 YE	
	6/62 94 yrs. Months Ds	
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	II. BIRTHPLACE (State or foreign country):   12. C	ITIZEN OF WHAT
even if retired) U. S. Customs Store	Marvland	OUNTRI
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	TIm land a see	
Richard Hodges	Unknown	
s. Was Deceased Ever In U.S. Armed Forces: 16. Social Security No. (Yes, no, or unk.) (If Yes, give war or dates		5
NO of service)	James R. Hodges 4412 Alan	Drive
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	e Delutution	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facture of Contributing Cause of Death (IF Either, Notify medical examiner)	ory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	9.05 M, from the causes and on the date s ADDRESS DATI  D.1403 5. Charles St  ERY OR CREMATORY   LOCATION (City, town, or t Cem. Baltimore, M  24. FUNERAL DIRECTOR	tated above. E SIGNED 2-28-50 county) (State) ADDRESS
RESTRAR - 56 Ow He dry ( )	John F. Denny, Inc. 715 I	ight St.

14035 Chas and A. St. State Court Indian

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate by The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

INSTRUCTIONS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1482 CERTIFICATE OF DEATH

01450

			Re	g. Dist. No.	
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DE		
county Baltimore MARY	LAND	STATE Maryl	and county	Baltimor	е
CITY (II outside corporale limits, write RURAL LENGTH COR and give neerest town) (In this		CITY (II outside corr	porate limits, write RURAL er	d give nearest town	)
Towson		TOWN TOWSO			55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 952 Dulaney Valley Rd.		STREET ADDRESS 952	Dulaney Vall		44
3. NAME OF (First) (Middle) DECEASED (Type or Print) Mr. William L.	Hooper	(Last)	4. DATE (Monto	ebruary 9	(Year)
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE		9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS
male white WIDOWED, DIVORCED, (Specily) married	Sept.	16, 1878	77 yrs.	Months Deys	Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if OR INDUSTRY		11. BIRTHPLACE (Stete or for	eign country)	12. CITIZI	N OF WHAT
retired Retired Auditor Frundel Cor	p	Baltimore, M	aryland		IRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Luther E. Hooper		Marie Whee	ler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SEC	CURITY NO.	17. INFORMANT &	ADDRESS		
(Yas, no, or unk.) (If Yes, give wer or dates of service)		Mrs. Anna	E. Hooper, 9	52 Dulane	y Valley
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	DICAL CE	RTIFICATION			RVAL BETWEEN SET AND DEATH
4 IMMEDIATE CAUSE (A)	nar	of 1 hour	bosis	Oi.	שנו אווי סנאווי
ANTECEDENT CAUSE(S) DUE TO	(	)			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATIO	N				O. AUTOPSY?
A COUNTY WAS INSTEAD OF A COUNTY OF A		OI WHERE DID BUILDY O CC	10.2 (6)	YES	
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Iarm, Ieclo) OR CONTRIBUTING 204USE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	c.)	21c. WHERE DID INJURY OCC		(County)	(Stete)
	URRED of while work	211. HOW DID INJURY OCC	UR?		
22. I hereby certify that I attended the deceased from		1954, to			
alive on, 19.5 , and that death	occurred a		causes and on the d		e. Date signed
Denismodrath	M.D. 8	358 Loch	Haven 13	m; 5	14/56.
PEMOVAL (SPECIEV)	CEMETERY OR		LOCATION (City, town		(State)
Burial   2/11/1950   Parkw	rood Cer		Baltimore		
24. REC'D BY REGISTRAR G REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S		ADDRESS	
DATE LD I Makel Bruy		Leonard J.	Ruck. 5305 H	arford Ro	ad #14

## MIASO TO STADISTICATE OF DEATH

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BUREAU V. S.

FEB 14 1956

and the second second second second second

LV COLLEGE VERNENDER STOP LEADY THE

IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? Towson, Nd. INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? NO F (County) (State) 22. I hereby certify that I attended the deceased from 12/15, 1953, to 2/6, 195; that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) REGISTRAR

MESUIT

(Day)

(Year)



BUREAU V. S.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

1484 CERTIFICATI	E OF DEATH	Reg. Dist. No.
PLACE OF DEATH: Spring Grove State Hospital	2. USUAL RESIDENCE (HOME) O	
COUNTY Baltimore MARYLAND		TY Baltimore
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) (in this place)	CITY(If outside corporate limits, w	rite RURAL and give nearest town
TOWN Catonsville 28 3 years 3 mo	TOWN Baltimore 17	3 V 01 - 1
HOSPITAL OR Spring Grove State Hospital	STREET (If rural	give location)
4-STREET ADDRESS	133 W. Lanva	le Street.
NAME OF (First) (Middle)	(Last) 4. DATE (N	
DECEASED: Olima Dominan Tt	OF	2 20 5/
	OF BIRTH: 9. AGE last birthda	
RACE: WIDOWED, DIVORCED.	3 <b>/18</b> 67 88 yrs	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign co	untry): 12. CITIZEN OF WHAT
even if retired): none	Maryland	U.S.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George Davison	Sephie Bond	
. WAS DECKASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yeno, or unk.) (If Yes, give war or dates Unknown	Mrs. George Thomas 200 Ridgewood Rd. Bal	Ltimore. Md.
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
4500 Pneumonia		3 hours
IMMEDIATE CAUSE DUE TO		) news
ANTECEDENT CAUSE (S)	n syndrome associated wi	t + h
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING LINDERLYING CAUSE LAST DUE TO Senile brown		LUII
STATING UNDERLYING CAUSE LAST.		
	osis, generalized	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
94. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY1
		YES NO
1A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fac	tory. 21c. WHERE DID (City or town	
OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(State)
1D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from 7-	, 19.53, to 2-20, 19.56,	that I last saw the deceased
alive on 2-20- , 1956 , and that death occurred at	6:40PM, from the causes and o	n the date stated above.
SIGNATURE	Spring Grove State Ho	DATE SIGNED
steela Wachsler M	Determine of Marie	sproar
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)	ER CON CREWITING 28 DOMENT	State (State)
Cremation 2/23/56 Green	Mount Crem. Balto.	Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	

BEET TO SERVE THE STATE OF THE SERVE OF THE THE RESERVE OF STREET STREET, many to the country of the country of the country that is the country to be a second of the country of the coun company of the second contract of the second 

#### AND

# 1485 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY	1.		2. USUAL RESIDENCE (		D- COUNTY
	Baltimore	MARYLAND	Marylan	d	
CITY (If outside co	orporate limits, write RUR	AL and   LENGTH OF STAY	0.0		L and give nearest town)
X OR give nearest	to Fort Howard	157hiDays	OR Baltimo	re	3101-4
HOSPITAL OR			STREET	(If rural, give loc	cation)
STREET ADDRES	SS Veterans Admi	nistration Hospit	al ADDRESSIL Som	erset Street	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mo	nth) (Day) (Year)
DECEASED (Type or Print)	ROBERT		HUDSON	OF DEATH Febru	nary 28 19 56
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday	If under. I year IIf under 24 hrs.
Male	Colored	WIDOWED, DIVORCED, (Specify) WIDOWED	6/15/96	50 yrs.	Months. Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of w	eporer	Industry	Reading, Penns	vlvania	Country?
13. FATHER'S NAM		sections designated	Reading Penns	NAME	V • M • D •
Albert Huds	son		Sallie Brim		
15. WAS DECEASED EN	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
Yes, no, or inknown)	(If year, give war or dates of service) WW	228-18-7987	Glin. Rec., Vet.	Adm. Hospital	Ft. Howard Md
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION		ONSET AND DEATH
1774			AMP TIMIT OFNEDAT	LIZED BONY	
Immediate	P CA 11500 (0/		ATE WITH GENERAL	PIAED DONT	
	A(a)	METASTASIS			UNKNOWN
Anteceden	it cause(s)				
Diseases or o	conditions, if any, (b)				
stating the u	inderlying cause last				
II. OTHER SIGNIFI	CANT CONDITIONS				***************************************
Conditions contribu	ating to the death but not se or condition causing deat				
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🕢 No 🗆
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (Co	OUNTY) (STATE)
SUICIDE HOMICIDE	OF	office bldg., etc.)			
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
	TT A			0 6/ 200	777777777777777777777777777777777777777
22. I hereby certi	ify that kattended th	e deceased fromSept2	19.55, to reo.	0 , 19.50 , that	I last saw the decoased
		d that death occurred at			
SIGNATURE	nannagaras all	(Degree or titie)	ADDRESS	causes and on the	: DATE SIGNED
D. D. MARK.	M D /////	MAD WAL	מפגעות שמחד נ	MADVI AND	2 20 56
23. BURIAL, CREM.	ATION VDATE	NAME OF CEMETE	FORT HOWARD	LOCATION (City, town	or county) (State)
REMOVAL (Spec	3/2/56	Baltimore Nat	ional Comotom	Boltimone M	k.e.c.Feere
DATE REC'D BY		SIGNATURE	ional Cemetery	OR PR	ADDRESS
3/1/56	A.W.He				-Oh Madison Av.
0/2/00	A IL AND	dmr.		The state of the s	e, Maryland
		CHILL .		Day office.	e, mary Land

# THE REPORT OF A SERVICE PROPERTY AND ADDRESS.

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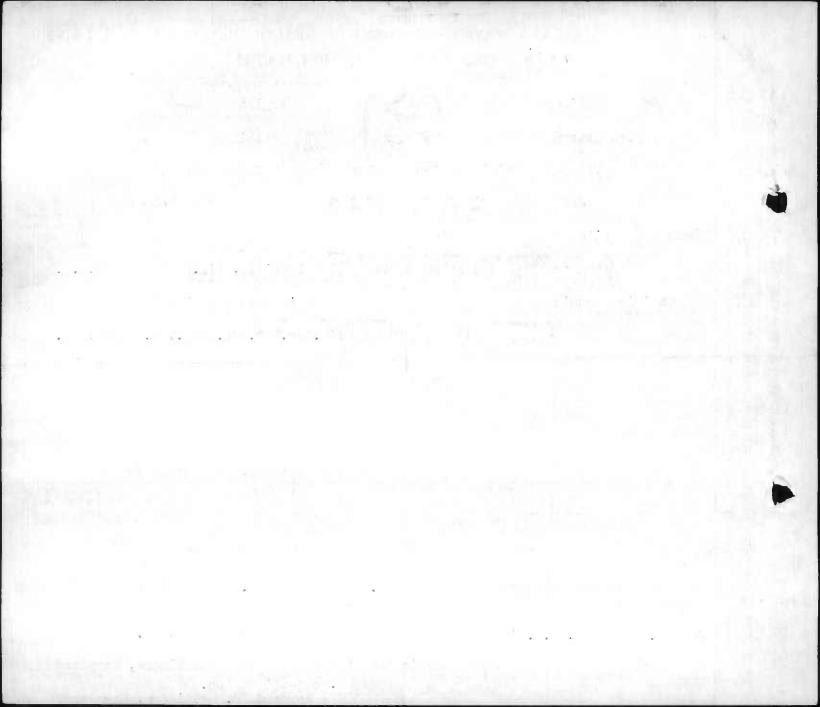
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No.	)
carefully.	legibly.
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The	normant and is generially important. Physicians: please write the causes of death clearly and legibly
item of	of death
every	causes
Supply	ite the
GINK.	W SEC
UNFADING	sicians: ple
WITH	nt. Phy
LAINLY,	importal
WRITE P	penerially
OR	30
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PLEASE .	1100

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01454

## 1486 CERTIFICATE OF DEATH

Reg. Dist. No.

2. USUAL RESIDENCE (HOME.) OF DECEASE  STATE Maryland COUNTY  CITY(If outside corporate limits, write RURAL OR TOWN Baltimore  STREET (If rural give location ADDRESS 2 Chesapeake Avenue (Last) 4. DATE (Month)	snd give nearest town)
CITY(If outside corporate limits, write RURAL OR TOWN Baltimore  STREET (If rural give location ADDRESS 2 Chesapeake Avenue	X
CITY(If outside corporate limits, write RURAL OR TOWN Baltimore  STREET (If rural give location ADDRESS 2 Chesapeake Avenue	X
or TOWN Baltimore  STREET (If rural give location ADDRESS 2 Chesapeake Avenue	X
street (If rural give location ADDRESS 2 Chesapeake Avenue	X
street (If rural give location and appears 2 Chesapeake Avenue	
pital 2 Chesapeake Avenue	
	-
	Day) (Year)
OF DELICIONATE	0) 10 51
HUGUNIN DEATH: Februar	
	Days Hours Min.
	CITIZEN OF WILLIAM
II. BINTHELAGE (State of Totals in country). 12,	COUNTRY?
ny Clintonville Wis	U.S.A.
	UaDaza
Jennie Moss	
. 17. INFORMANT & ADDRESS:	
Clin. Rec. Vet. Adm. Hosp. Ft. How	ard. Md.
	INTERVAL BETWEEN
AL INFARCTION?	SUDDEN
RALL THIROMBOSIS RICHTE WINDING CORRES	RIAND
	TILLY
TION	20. AUTOPSY?
	YES NO X
factory, 21c. WHERE DID (City or town) (Coun	ty) (State)
lldg., etc. INJURY OCCUR?	
RRED   21F. HOW DID INJURY OCCUR?	
oldg., etc. INJURY OCCUR?	
RRED   21F. HOW DID INJURY OCCUR?	
RRED   21F. HOW DID INJURY OCCUR?	CARW THA MACELAGA
RED 21F. HOW DID INJURY OCCUR?  D9, 19.56 to Feb. 24, 19.56 CHXXXIII  I at 2:30P M, from the causes and on the date ADDRESS DA	stated above. TE SIGNED
RRED 21F. HOW DID INJURY OCCUR?  D. 9, 19.56 to Feb. 24, 19.56 CANXXXIII	stated above. TE SIGNED
RED 21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  109, 19.56 to Feb. 21, 19.56 CANOXIES  1 at 2:30P M, from the causes and on the date ADDRESS  M.D. VAH. Fort Howard, Md. METERY OR CREMATORY LOCATION (City, town, o	stated above. TE SIGNED
H	ATE OF BIRTH:  9. AGE last birthday IF UNDER 1  10/3/89  66 yrs. Months I  11. BIRTHPLACE (State or foreign country): 12.  12. Clintonville. Wis.  14. MOTHER'S MAIDEN NAME:  Jennie Moss.  17. INFORMANT & ADDRESS:  Clin.Rec.Vet.Adm.Hosp.,Ft.Howard Cation  AL INFARCTION?  RAL THROMBOSIS RICHT MIDDLE CEREBITION



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٩	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01455
7. The	1487 CERTIFICATE OF DEATH Reg. Dis	t. No. 50
fully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
carefull legibly.	COUNTY Baltimore MARYLAND STATE Md COUNTY /214	ce Germe
tion cand lo	CITY (If outside corporate limits, write RURAL OR and give pearest town)  TOWN (a town ille 30 hours)  TOWN (a town ille 30 hours)	and give nearest town)
information carefully.	HOSPITAL OR INSTITUTION OR Spring Crove St. Hospital STREET ADDRESS 503 - 65 ave NE	
	(Type or Print) Benjamin Newton Hutchinson DEATH: 2/1	(Day) (Year) 9 19 56
of it	Julie W Speciss. Mid the at 100 168 pm yrs.	Days Hours   Min.
NG y every causes	10A. USUAL OCCUPATION (Give kind of working life, even if retired): Cather - maken	CITIZEN OF WHAT
FOR BINDING INK. Supply er se write the car	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Wick.	
FOR BITINK. Survite	18. WAR DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or dates of service) 160 7-1910 Unk. This Hosp. Ellords	
65	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
RV DI	1450.0 IMMEDIATE CAUSE (A) Uzalmia unqualifred	week.
RESE UNF, sician	ANTECEDENT CAUSE (S)	
MARGIN RESEIY, WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO  (C)  (B)  (B)  (B)  (C)  (C)  (E)  (B)  (B)  (B)  (C)	unk.
AR W	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
M. M.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
PLAINLY, WIlly important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Court of injury occur)	nty) (State)
OR WRITE e is especia	21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 2/18, to 2/19, 1956, that I las	t saw the deceased
TYP rect	alive on 2/19, 1956, and that death occurred at 4/15 PM, from the causes and on the date SIGNATURE  Bruno Radauskas M. D. Spring Grove St. Hosp. 2	stated above. TE SIGNED
PLEASE cor	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, company) 2-20-1956 Carling for Mat 1.	1/
PL PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  B   S	ADDRESS TILL

BUREAU V. S.

FEB 24 1956

DECENTED

xecuted within 24 hours

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

WS-A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01456

# 1488 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY AND MARYLAND	STATE MILL COUNTY LANGE
CITY (If outside perporate limits, write RURAL LENGTH OF STAY OR and give negrest town) (in this place)	CITY (If outside copporate limits, write RURAL and give nearest town) OR
52 TOWN Calousville 2	TOWN Dalto. 3VO1=4V
HOSPITAL OR INSTITUTION OR COLON Kidge Homes	ADDRESS 5412 (Brush give location) Condition
3. NAME OF DECEASED (Type or Print) Hannie (First)	Resid 4. DATE (Month) (Day) (Year)  OF DEATH Fet 10, 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	F BIRTH  9. AGE lest birthdey  IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months Deys Hours Min.
done during most of working life, eyen is retired)	11. BIRTHPLACE (Stelle of foreign dugity)  12. CITIZEN OF WHAT  COUNTRY?  COUNTRY?
13. FATHER'S NAME UNKNOWN	14. MOTHER'S MAJON NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] (If Yes, give wer or detes of service)	Frederich, H. Lenkins Phonen is Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Coloura	fellow 7 14 no state 2 de 3.
ANTECEDENT CAUSE(S) DUE TO preuma	to
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST. DUE TO	marle 12. Las: 4 des-
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	June 1
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory,   2	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  OF INJURY street, office bidg., etc.)	(Siele)
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a, INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Musi	19 = to Full 19 5 to that I last saw the deceased
elive on	
left Court L' M.O.	4605 Edymosor am 2/13/5
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
Durial 2/14/56 Morans 1	restylerian stalla. Mil.
24. REC'D BY REGISTRAR DEGISTRARYS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS
DATE 6. Sarry	House of Michael 2003 Ith title 100

HER STOMPANDER AND THE MENT OF STATE OF STEEL STATE OF STEEL STATE OF STATE

# CERTIFICATE OF DEATH

VISITE STREET AND RUSH

BUREAU V. S.

FEB 24 1056

VS. A15-10-53

e e	Ju.	MARIE DEFARIMEN	I OF REALIN—BALTIMORE, 18	0170
7. The	JX.	Items 3, 13, 14, 16: Film CERTIFICATE	E OF DEATH Reg. Dist	. No. 30
of information carefully.	ly.	1. PLACE OF DEATH: Spring Grove State Hospital	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
ref	legibly.	county Baltimore Maryland	STATE Maryland COUNTY Harf	ord
2 C8	d le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITYIIf outside corporate limits, write RURAL	
tion	and	5 TOWN Catonsville 28 (in this place) 2 mos.	TOWN Havre de Grace /2	- X- 2
ma	rly	HOSPITAL OR Spring Grove State Hospital	STREET (If rural give location)	
for	death clearly	STREET ADDRESS	Route #1	V
f ii	ch c	DECEASED:	OF	Day) (Year)
0 8	leat	(Type or Print) Bruce ROBERT BRUCE Job	nson DEATH: 2 2	19 56
item	of	RACE: WIDOWED, DIVORCED.		Days Hours Min.
every	causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:		CITIZEN OF WHAT
N A		13. FATHER'S NAME:	Virginia U	. 9.
Supply	te the	Byrch Johnson, Byram	Résie/ Rosa Boyer	
FOR BINDIN INK. Supply	se write	(Yes, not or unk.) (If Yes, give war or dates of service)	Miss Dona Johnson. Route #	Md.
	: plea	I diseases or conditions directly leading to death  332   Pneumonia, 1		INTERVAL BETWEEN ONSET AND DEATH
MAKGIN KESEKVED Y, WITH UNFADING	Physicians	STATING UNDERLYING CAUSE LAST.	rosis, generalized	
X X	nt.	(C) Cerebral the significant conditions contributing	rombosis with left hemiparesis	
K K	important.	TO THE DEATH BUT NOT RELATED TO THE		
Z	npo	DISEASE OR CONDITION CAUSING DEATH	N	20. AUTOPSY?
M PLAINLY		0		YES NO
WRITE	especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)
	is es	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
OR	e	22. I hereby certify that I attended the deceased from 12-2	21-, 1955, to 2-20-, 1956, that I last	t saw the deceased
TYPE	ಹ	alive on 2-20-, 19 56, and that death occurred at	9:50P M, from the causes and on the date Spring Greve State Hospital DA	stated above. TE SIGNED
			.D. Catonewille 29 Manuland	2-21-56
PLEASE	00	B REMOVAL (SPECIFY) PATE THEREOF NAME OF CEMETI	h Run Cin Varland	recounty) (State
PLI		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	N 24 FUNERAL DIRECTOR Ballen Warling	ADDRESS Md.
	-	Holin Color Color	0,000000	(119)

BUREAU V. S.

LEB S3 1329

BECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH 1490 FOR MEDICAL

MARYLAND

(Middle)

OrrELL

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED

10b. KIND OF BUSINESS OR

LENGTH OF STAY

FilmG193 3-6-56 et

CITY (If outside corporate limits, write RURAL and OR give neares town)

ion. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

6. COLOR OR RAGE CarorGa

Item 9. FilmG COUNTY

> HOSPITAL OR INSTITUTION OR STREET ADDRESS

3. NAME OF

5. SEX

DECEASED

(Type or Print)

EXAMINERS	Reg. Dist. N	lo
2. USUAL RESIDENCE (HOSTATE ARTRICE)	COUNT	11/10/11
	e limits, write RURAL and g	ive nearest town)
ADDRESS VAL	LUY ROAd	1
FONES	4. DATE (Month) OF DEATH Z	(Day) (Year) 10 - 5 <sub>19</sub> k
6-16-1896	59 Wonths	I year   If under 24 hrs Days   Hours   Min.
MARY AND	(oreign country)	2. CITIZEN OF WHAT
EHLA B	UTLEY	
Melle Little	DRESS Jalles Re	nd)
TIFICATION 17	U	INTERVAL BETWEEN ONSET AND DEATH
Downing	and control of the co	
/		4 days.
		20. AUTOPSY?
As harries	0 6	Yes No No (STATE)
HOW DID INJURY OCCU		erina.
utopsy , Inspection X, sed died on the day stated	Inquiry Y thereon and	from the evidence

Supply every item of information carefully write the causes of death clearly and legibly. FOR BINDIN MARGIN RESERVED INK. UNFADING 1 RITE P Sanda Sanda EASE

15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CEI 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS
PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCUBRED While at INJURY work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decea from: natural causes X, accident X, suicide , homicide , undetermined ... (Degree or title) ADDRESS DATE SIGNED 2-10-56 CRMETERY OR CREMATORY DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR-ADDRESS

DECENTED

BUREAU V. S.

# INSTRUCTIONS

10

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 1491 CERTIFICATE OF DEATH

1.	PLACE OF	DEATH				2.	USUAL	RESIDE	NCE (HOM	E) OF	DECEAS	ED	
		altiro:			MARYLAND		STATE	Mó			Bel		
52	OR end giv	da corporete limit e nearast town) a torisv		LE	NGTH OF STAY (in this place)		CITY (If o		orate limits, w		end give n	neerest town	5
od	HOSPITAL OR INSTITUTION C	OR 38	Dunveg	an Ra.		14 2	STREET	30	Dunve	(If rural g	aive locetion	n)	1
3.	NAME OF DECEASED	(Fir	rst)	(Middle	)	(Lest)			4. D/	TE (M	onth)	(Dey)	(Y
	(Type or Print)	Add		Owen		Kane			Di	ATH F	'eb.	10,1	956
5.	SEX F	6. COLOR OR	WID	GLE, MARRIED, DOWED, DIVORCEI ocify) 1100 W	D,	TE OF BIRTH	,1381		9. AGE less	birthdey yrs.	Months	Deys Deys	Hour:
10e.	done during m	PATION (Give kir lost of working lit mstres	fe, even If	OR INDU	STRY	11. Bi	RTHPLACE (S		eign country)			12. CITIZI	N OF W
13.	FATHER'S NAM					14	. MOTHER	S MAIDEN	NAME		1		
			Owens					iot	Known				
	s, no, or unk.)	D EVER IN U. S. (If Yes, give we		vice)	S. MEDICAL		Aubr	rmant a	) Kane	38	3 Dur	ıvega	n Ro
I	DISEASES OR C	ONDITIONS DIRE	CTLY LEADING	TO DEATH	s. MEDICAL	K	AIION			-			SET AND
						1				/.			
4		MEDIATE CAUSE	(A)	Mart	Cardin	10	erm	pe	mpal	im	-		120
DISI GIV STA	ANTE	MEDIATE CAUSE CEDENT CAUSE(S NDITIONS, IF A THE ABOVE CA 'ING CAUSE LA	DUE TO	Cher. H	perton	Rive	Card	10-70	ne-1	Emn	Pris	210	10
II (	ANTE- EASES OR COI VING RISE TO ATING UNDERLY OTHER SIGNIFIC. TO THE DEATH B	CEDENT CAUSE(S	DUE TO NY, (B) USE DUE TO (C) S CONTRIBUTING	Chr. A	sperton	I De	Card	pro To	ne-p	Em	Pris	210	107
II (	ANTE- EASES OR COI VING RISE TO ATING UNDERLY OTHER SIGNIFIC. TO THE DEATH B	CEDENT CAUSE(S NOITIONS, IF A THE ABOVE CA 'ING CAUSE LA ANT CONDITION UT NOT RELATED NOITION CAUSIN	DUE TO NY, (B) USE DUE TO (C) S CONTRIBUTING TO THE G DEATH.	G FINDINGS OF OI	PERATION	1 D aive	Card	is To	ngal	Roma	Mis	20	10)
11 ( 19e. 21e. OR (	ANTE EASES OR COI INING RISE TO ATING UNDERLY OTHER SIGNIFIC TO THE DEATH B DISEASE OR COI DATE OF OPE  ACCIDENT W. CONTRIBUTING	CEDENT CAUSE(S NOITIONS, IF A THE ABOVE CA 'ING CAUSE LA ANT CONDITION UT NOT RELATED NOITION CAUSIN	S) DUE TO NY, (B) USE USE OUE TO (C) S CONTRIBUTION OF THE G DEATH.  19b. MAJOR		n, fectory,	21c. WI			JR? (City or I				_
11 ( 19e. 21e. OR ( (IF E	ANTE EASES OR COI VING RISE TO ATING UNDERLY OTHER SIGNIFIC. TO THE DEATH B DISEASE OR COI DATE OF OPE ACCIDENT W. CONTRIBUTING EITHER, NOTIFY I	CEDENT CAUSE(S NOITIONS, IF A IHE ABOVE CA IHE ABOVE CA ANT CONDITION UT NOT RELATE NOITION CAUSIN RATION  AS UNDERLYING	S) DUE TO NY, (B) USE OUE TO (C) S CONTRIBUTING TO THE G DEATH.  19b. MAJOR  19b. MAJOR	FINDINGS OF OI  LACE (Home, fern URY street, office b	n, fectory,			JURY OCC	JR? (City or I			24 YES	1
11 ( 19e. 21e. OR ( (IF E	ANTE	CEDENT CAUSE(S NOITIONS, IF A IHE ABOVE CA IHE ABOVE CA ANT CONDITION UT NOT RELATE NOITION CAUSIN RATION  AS UNDERLYING CAUSE OF DE MEDICAL EXAMIN RY (Month) (D  Certify that	S) DUE TO NY, (B) USE AST. (C) S CONTRIBUTING O TO THE G DEATH. 19b. MAJOR ATH OF INJU LER) 19by) (Year) (H	FINDINGS OF OI  LACE (Home, fern URY street, office below)  21e. INJUI While M. at work the deceased, and that	n, fectory, oldg., etc.) RY OCCURRED	211. HO	HERE DID IN.	JURY OCCU	JR? (City or I)  JR?  LD  causes and  RESS (Sire)	own)  on the pet, city, to the	(Co., that	22 YES pounty)	(Sta

MARYLAND STATE DEPARTMENT OF HEALTH-HALTIMORE, ID

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,

			,
1492	CERTIFICATE	OF DEATH	Reg.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		and give nearest town
OR and give nearest town) (in this place)  TOWN FORT HOWARD 15 hrs:15 mi	OR	_
1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		3401-4-
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
50 STREET ADDRESSVAH, FORT HOWARD, MARYLAND	517 N. Loudon Avenue	./
3. NAME OF (First) (Middle)	The state of the s	Day) (Year)
DECEASED:	OF	
	KEIM DEATH: February	
RACE: WIDOWED, DIVORCED,	9. AGE last birthday If UNDER 1	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of: 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life OR INDUSTRY:  even if retired Storekeeper's Truck Company		COUNTRY?
13. FATHER'S NAME: Clerk	Tunkhannock, Pennsylvania	U.S.A.
TO THE TOTAL TOTAL	14. MOTHER'S MAIDEN NAME:	
Franklin Keim	Josephine Vosburg	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	Josephine Vosburg	
Yes, no, or unkal (If Yes, give war or dates Yes of service) SAW 207-01-7523	Vot Adm Hoom Clim Don Et H.	
	Vet.Adm.Hosp.Clin.Rec.,Ft.Hor	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
11200		ONSET AND DEATH
IMMEDIATE CAUSE (A) ARTERIOSCI	EROTIC HEART DISEASE	9 MONTHS
ANTECEDENT CAUSE (S: DUE TO GENERALIZE	D ARTERIOSCIEROSIS	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, (B)		EM LES VS.
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
	AT MUDOMPOCTO DICUM MEDDIO	
	AL THROMBOSIS, RIGHT MIDDLE	C TEADE
	AL ARTERY	5 YEARS
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
		YES NO KX
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etcry. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	D   21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work		
11:00	AM 2:15 AM	
22. I hereby certify that Aattended the deceased from Feb. 2		
SIGNATURE Conditions, and that death occurred at		stated above.
W C Dudleys M D	N.D. VAH, Fort Howard, Maryland	2-22-56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
	ational Cemetery Baltimore, Mar	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Witzke Fineral Directors	ADDRESS

4101 Edmondson Ave., Baltimore, Md.

AT ASSESSMENT OF MAY WORK THE AT A TAKE A STATE OF THE PARTY OF THE STATE OF THE STA 

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4			: 14931	CE CE	RTIFICATE	OF	DEATE	I Reg	. Dist. N	io. 30
Fell (1	Гуј	AME OF DEC	Cla	ara Ki	ing			2. DATE OF DEATH	'eb 11	, 1956
YS A	. F	ULL NAME OF	F (If not in hospite		ace County	A. STAT		E (Where deceased lise. COUN		tution : residence before admission
th clear (3) DA	105	TITUTION T	The House		e Pines Ma <sup>tion)</sup> Catonsville	11	or town Baltimo	(If outside corporatore	e limits, wr	ite RURAL and gi townshi
留 7	1	3	y in Baltimore		Yrs. Mos. Days			(If rural, give location Ave. Ten		Garden Ap
5			S.COLOR OR RACE White	WIDO	E, MARRIED, WED, DIVORCED (Specify OW	8. DATE	OF BIRTH	O ACE UD VO	are If linder	
N 10	OA rk d	USUAL OCCI	UPATION (Give kied of working life, even if retired)	10s. KIN	D OF BUSINESS OR INDUSTRY		HPLACE (State	e of foreign country)		CITIZEN OF WHAT COUNTR
M SON	3.	FATHER'S NA	Raphae:	l Wol	f		her's maide	onneberg		
RECORDS	5.	WAS DECEASED no or uokoowo)	EVER IN U. S. ARMEE (If yos, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFO		stein, 260	ADDR	
The carefully supplied. Physicians: please with THE BUREAU OF VITAL RECORM. CERTIFICATION		heart failure injury or c	not mean the mode of , asthenia, etc. It mea omplication which or NTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA	ns the dises aused deat SES FANY, GIVI STATING 1	(E)	e selv	nis z	Thremlers Samuely decess	ر	
WITH THE CERTIFICA	4	TO THE D	II IFICANT CONDITIONS DEATH BUT NOT IS CONDITION CAUSING	RELATED T	TO THE					
BE) V		CAUSE OF DE	WAS RELATED TO EATH, ENTER IN COnth) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHI	ED :	QRMED	WHICH OPERATION		20. AUTOPSY?
MUST		FU.	ک 19.	6 , tha	attended the decea t (I) (we) last saw t m., from the causes	sed from	ed alive on.			1957 t
CATE MUST BE	4 -	23A, SIGNATU		1 Coh		ADDRES		e da PN	23c. D	ATE SIGNED
ERTIFIC		ATTENDING PHY BURIAL CR REMOVAL (Spe			STAFF PHYS. D 24C. NAME OF CEMETE Oheb Shalom			Baltimore,		

BUREAU V. 2

**LEB** 1 0 1320

BECEINED

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use, as a burial transit permit.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01462

# 1494 CERTIFICATE OF DEATH

Reg. Dist. No. 30

I. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give neerest town)	
OR and give nearest town) Catonsville 10 Days	TOWN Catonsville	70
HOSPITAL OR	STREET (If rural give location)	94-
INSTITUTION OR	ADDRESS	1
) Ja 0022d 21 011d0	331 Oella Avenue	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yaz	
(Type or Print) GEORGIA KN	ABE DEATH February 8 195	56.
	F OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR   IF UNDER	
Female White (Specify) Widowed Feb.	ruary 9, 1880. 75 yrs. Months Days Hours	Min.
10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WH.	AT
done during most of working life, evan if refired) Housewife Own Home	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WH. COUNTRY'2  U.S.	S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Judson Boswell	Martha Ann Severen	
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS	
(Yes an as until 16 Yes also was as dates of service)	Houte 3, Box 40	
None None	Ernest Knabe Ellicott City, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETV ONSET AND D	VEEN
DISEASES ON CONTINUES SINCE IS SENTENCED SERVICE IN SERVICE IS SERVICE IN SERVICE IS SERVICE IN SERVICE IS SERVICE IN SERVICE IN SERVICE IS SERVICE IN SERVICE IN SERVICE IS SERVICE IN SER		-
49/X IMMEDIATE CAUSE (A)	in preumonia 3 da	115
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE  OUT TO TH		
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPS	5Y?
mone prone	YES NO	
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY straet, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State	:)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	
M, at work et work		
22. I hereby certify that I attended the deceased from 2	6 , 19 5 6 , to 2 8 , 19 5 6 that I last saw the de	cease
	at	22230
SIGNATURE A	ADDRESS (Straat, city, town, stata) DATE SI	GNE
George & Durgton M.D.	Church St. Ellust City, Md. 219	150
23. BURIAL, CREMATION, PARE OF CEMETERY ( REMOVAL (SPECIFY)	OR CREMATORY LOCATION (City, town, or county)	State)
	herd Cemetery   Ellicott City, Maryland.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE 2/9/56 V.E. Harry	Parton Sond Catonsville 28,7	nd

REPARTMENTS STATE OF PARTMENT OF HEALTH BALTINGSE, 19

# HYASO TO STADISTRAD SELTH

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

01463

1394

Reg. Dist. No.

0	LACE OF DEATH COUNTY	Baltimore		MARY	LAND	usual residence (W o. STATE Maryland		Balti	more		
Ь	RURAL ond give	(If outside corporate lim nearest town)	nits, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond g	give nearest	town)
1	Relay				5.	Relay			4	51	
d	I. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital,	give street	address)		d. STREET ADDRESS		for the La		e. 15	RESIDENCE
17	Δ	Viaduct A	Vd.			Viaduct	Ave.				5 NO 2
D	NAME OF DECEASED	Fi	irst	Middle		Last	4. DATE OF DEATH	Mon	th	Day	Year
	Type or print)	Emory E.K			1		DEATH	Febru		25	19 56
. SI	ale	White	VIDOWI	NEVER MARRIE		ant. 24.18	90	9. AGE (In years lost birthday) 75 yrs.			INDER 24 HRS
.000		ION (Give kind of work						10	12. CIT	IZEN OF W	HAT COUNTE
	Supervi	orking life, even if retired	d)	&O.R.R.		Maryland				2	450
. F	John Kn	ada			1	4. MOTHER'S MAIDEN	NAME				
. \		FR IN U. S. ARMED FOI	RCES? 16	SOCIAL SECURITY NO.	17. INFO	Unknown		Add	ess (i)	0	
	no, or unknown)	(If yes, give war or dates of				rles B.Kn			Ke	La.	726
	Conditions, if gove rise to cose (a), statin- lying couse lost	immediate g the <u>under-</u> b.	6)	Tone	co	el Co	re	lie.	do.	1	61
		THER SIGNIFICANT COM	NDITIONS C	CONTRIDUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	IINAL DISEAS	E CONDITION GA	ENTN PART	PE	REPORMED?
	OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OF	CCURRED. (6	inter nature of injury in	Port I or Port	II of item 18.)			
	20c. TIME OF INJU Hour o. m p. m	. 10	While	NJURY OCCURRED  Not while  t of work	20e. PLACE foctory	OF INJURY (Home, farr , street, office bldg., etc	m, 20f. (City	or town)	(0	ounty)	(State
	actual SIGNATURE	that I attended the	deceas 19,5		death oc	1930, to curred at 30		the causes of reet, city or town,	nd on th		
	PHYSICIAN'S NAME (Type)					C	Im local	TION (City, town,			
		ION, 226. DATE THERE	OF	22c. NAME OF CEME	TERY OR CI	REMATORT	AZO. LOCA	TOTA (CITY, TOWN, A	or county)		(Stote)
0.	BURIAL, CREMATI REMOYAL (Specif UTIAL			Loudon I	Deman	REMATORY	The state of the state of	imore.M			(Stote)

		AND STATE DEPARTMENT		
esomidía.	busyland	avertona - 12	A TOMATINA	
	Relay	30/100		Rolay
	Yladuot Ave	.0)	Vieduct a	
ds ynauddd		• Tale en local	u i inchi	
75	30pt,24,1300	2000	20 1ii	olsM
	bnaliyali	B. ao. R. R.	1001	Advin
	r - my m		elo	a mol
FEB 29 1956,	CALANA WANTER A	in the second		eliter I ili
MECENAED			2011 (1.50)	

Buring Feb. 28, 1105 Loudon Fryk Aktobbies, 1008 Bulpher Spring Rd.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

01464

	1495	GERTIFICAT	E OF DEAT	H Reg.	Dist. No.	44	
I. PLACE OF DEATH COUNTY Balt	cimore	MARYLAND	2. USUAL RESIDENCE (H STATE Marylar		COUNTY	Baltin	ore
OR give nearest to	porate limits, write RU Sparrows Poil	DAT and I TENOTH OF STATE	CITY (If outside corpore		AL and give	nearest town	) )
HOSPITAL OR			STREET	(If rural, give i			1
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) OSCAR	(Last) KOLSTROM	4. DATE (M	ionth)	(Day)	(Year) 19 56
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAITLEG	8. DATE OF BIRTH Dec. 25, 1890	9. AGE last birthday 65 yrs.	If under Months.	Days   Hours	r 21 hrs.
done during most of wo	TION (Give kind of wor orking life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY Steel Co.	11. BIRTHPLACE (State of Finland				WHAT S.A.
	Kolstrom		14. MOTHER'S MAIDEN	NAME			
15. WAS DECRASED EVI (Yes, no, or unknown)	ER IN U.S. ARMED FORCE (If year, give war or date service)	16. SOCIAL SECURITY No. 213-07-2883	Mrs. Hilma Kola	strom 7409 1	North F	oint Ro	ad
I. DISEASES OR CON		LEADING TO DEATH	RAYFICATION			INTERVAL BE ONSET AND	
giving rise to	t cause(s) enditions, if any, the above cause deriying cause last	Calerosalenter	HT. Diss	'ase		3 yr	7
	CANT CONDITIONS ling to the death but not e or condition causing de	ath.	**************************************			*** ** ** *** ************************	
19a. DATE OF OPER		FINDINGS OF OPERATION				20. AUTOP:	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) ((	COUNTY)	(STATE	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?			
SIGNATURE	Mugns 1956, 8	nd that death occurred at	ADDRESS Bulls.	causes and on the	e date sta	ted above. DATE SIG	NED 6
BEMOVAL (Specif	1		emeterv	Colgate, Mc	n, or county	) / (Sts	ite)
DATE REC'D BY L	OCAL REGISTRAR'	SIGNATURE	24. FUNERAL DIRECTOR	Home 2112	Dundel	ADDRESS	

ECENTED TO 1026

BUREAU V. S

# TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate by The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING PHYSICIAN

ecuted within 24 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1/198 CEPTIEICATE OF DEATH

01465

1. PLACE OF DEATH		2. USUAL	RESIDENCE (HO	ME) OF	DECEASED		
county alto.	Many, and	STATE	Md.		P	lelto	
CITY (If outside corporate fimits, write RURAL	MARYLAND LENGTH OF STAY		outside corporate limits,	COUNTY write RURAL			
OR and give naarest town)	(in this place)	OR TOWN				asi iowii,	1
HOSPITAL OR			Catonsv				52
INSTITUTION OR STREET ADDRESS House in the Pi	ines	STREET ADDRESS	210 Shad		ive location)	ırt	/
3. NAME OF (First) DECEASED	(Middla)	(Lest)		DATE (M	onth)	(Day)	(Yaar)
	einhold	Kopelke		F EATH	Feb.	17	1956
5. SEX   6. COLOR OR   7. SINGLE, MARI	RIED,   8. 1	ATE OF BIRTH	9. AGE le	st birthday	IF UNDER	1 YEAR	IF UNDER 24 HE
M RACE WIDOWED, D	ingle Ju	lly 21,1888	67	yrs.	Months	Deys	Hours   Min
	IND OF BUSINESS	11. BIRTHPLACE (	State or foreign country	)	12.	CITIZEN	OF WHAT
	lvate Home	s Wis	BC.			COUNT	KTf
13. FATHER'S NAME		14. MOTHER	S MAIDEN NAME				
Fred Kopelke		I	Vinnie Ha	rdt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY N	IO.   17, INFO	RMANT & ADDRESS				
(Yes, no, or unk.) (If Yes, give war or dalas of service)		74.7.7	liam Kope	73-0	170 01.	- 2	Manie
1100						1 5 67	
	18. MEDICAL		Fram Tobe	TRO 2	TO DE	6/	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL	CERTIFICATION	LIAM RODE	TK6 5	10 50	INTER	VAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL	CERTIFICATION		-		INTERV	AL BETWEEN
444 MAMEDIATE CAUSE (A) MILE	18. MEDICAL	CERTIFICATION		-		INTERV	AL BETWEEN
444 A MMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  OUT  DISEASES OR CONDITIONS, IF ANY, (B)	18. MEDICAL golardis	CERTIFICATION		-		INTERV	AL BETWEEN
444 AX EMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO OUT	18. MEDICAL grandes	CERTIFICATION	Jose Ro	-		INTERV	AL BETWEEN
ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	18. MEDICAL greated	CERTIFICATION		-		INTERV	AL BETWEEN
ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	18. MEDICAL yolardes	CERTIFICATION		-		INTERV	AL BETWEEN
ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS	grearded mudgert	CERTIFICATION		-		INTERNONSET	AL BETWEEN
ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, (B)  DISEASES OR CONDITIONS, IF ANY, (B)  DISEASES OR CONDITIONS, IF ANY, (B)  OUT TO  CONTRIBUTING  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19B. DATE OF OPERATION  19b. MAJOR FINDINGS  21b. ACCIDENT WAS UNDERLYING   21b. PLACE (Hon	grearded mudgert	Destro		mell		INTERNONSET	AUTOPSY
ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS  21a. ACCIDENT WAS UNDERLYING OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a  Wh	S OF OPERATION  me, farm, factory, office bidg., etc.)  a. INJURY OCCURRED hila Not while	Destro	Jake Re	mell	Sissen	INTERNONSET	AUTOPSYN
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS  21a. ACCIDENT WAS UNDERLYING OF INJURY street,  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a  Wh.  M. et years	S OF OPERATION  me, farm, factory, office bidg., etc.)  a. INJURY OCCURRED hila work et work	21c. WHERE DID INJ	JARE RE	on lown)	(Count	INTERNONSEI	AUTOPSY ? NO (State)
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS  21a. ACCIDENT WAS UNDERLYING OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF (NJURY (Month) (Day) (Year) (Hour)  21d. TIME OF (NJURY (Month) (Day) (Year) (Hour) Wh.  41	S OF OPERATION  me, farm, factory, office bidg., etc.)  a. INJURY OCCURRED hila Not while work et work  eased from.	21c. WHERE DID INJ	JARE RE  JURY OCCUR? (City of  TO	lown)	(Count	INTERNONSET ONSET ON YES [ 17)	AUTOPSY NO (State)
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OC.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Hon OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF FINJURY (Month) (Day) (Year) (Hour) 21a Wh M. et v.  22. I hereby certify that I attended the dece	S OF OPERATION  me, farm, factory, office bidg., etc.)  a. INJURY OCCURRED hila Not while work et work  eased from.	21c. WHERE DID INJ	JARE RE  JURY OCCUR? (City of  TO	lown)	(Count	INTERNONSET ONSET ON YES [ 17)	AUTOPSY NO (State)
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a Wh	S OF OPERATION  me, farm, factory, office bidg., etc.)  a. INJURY OCCURRED hila Not while work et work  eased from.	21c. WHERE DID INJ	JARE RE  JURY OCCUR? (City of  TO	null	(Count	internonser  20. YES [	AUTOPSY NO (State)
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS  21a. ACCIDENT WAS UNDERLYING   19b. MAJOR FINDINGS  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Hon OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a Wh M. et N  22. I hereby certify that I attended the dece alive on R. 19	S OF OPERATION  me, farm, factory, office bldg., etc.)  a. INJURY OCCURRED hila Not while work etwork assed from	21c. WHERE DID INJ 21f. HOW DID INJ ed at 4.30 P.M., fr	JURY OCCUR? (City of to	null	(Count	internonser  20. YES [	AUTOPSY NO (State)
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS  21a. ACCIDENT WAS UNDERLYING OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Year)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Year) (Hour)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Year) (Ho	S OF OPERATION  me, farm, factory, office bldg., etc.)  a. INJURY OCCURRED hila Not while work etwork assed from	21c. WHERE DID INJ	JOSE - RE  JOSE - RE  JURY OCCUR? (City of the causes an Address (S)	lown)	(Count	20. YES [	AUTOPSY NO (State)
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  O(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS  21a. ACCIDENT WAS UNDERLYING   OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a Wh.  4 and SIGNATURE  19 AND A TENDERLY STREET  21 AND A TENDERLY STREET  22 AND A TENDERLY STREET  23 AND A TENDERLY STREET  24 AND A TENDERLY STREET  25 AND A TENDERLY STREET  26 AND A TENDERLY STREET  27 AND A TENDERLY STREET  27 AND A TENDERLY STREET  28 AND A TENDERLY STREET  29 AND A TENDERLY STREET  20 AND A TENDERLY STREET  21 AND A TENDERLY STREET  22 AND A TENDERLY STREET  23 AND A TENDERLY STREET  24 AND A TENDERLY STREET  25 AND A TENDERLY STREET  26 AND A TENDERLY STREET  27 AND A TENDERLY STREET  27 AND A TENDERLY STREET  28 AND A TENDERLY STREET  29 AND A TENDERLY STREET  20 AND A TENDERLY STREET  21 AND A TENDERLY STREET  22 AND A TENDERLY STREET  23 AND A TENDERLY STREET  24 AND A TENDERLY STREET  25 AND A TENDERLY STREET  26 AND A TENDERLY STREET  27 AND A TENDERLY STREET  27 AND A TENDE	S OF OPERATION  me, farm, factory, office bldg., etc.)  a. INJURY OCCURRED work eased from  M.D  NAME OF CEMETE	21c. WHERE DID INJ 21f. HOW DID INJ 28 , 1953 , ed at 43 M, fr	DURY OCCUR? (City of the causes an ADDRESS (S)	lown)	(Count (Count date stated wn, stete)	20. YES [	AUTOPSY? NO AUTOPSY? (State)

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# HITA CHRISTIEL OF DEATH

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BUREAU V. Z.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01467

1497 CERTIFICATE OF DEATH

	-	A TO TO CERTIFICATE	deg. Dist.	110.
×	1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
legih		COUNTY BALTO. MARYLAND	STATE M4 COUNTY B	elto.
le		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
and	1	TOWN SPARROWS POINT (19) (in this place)	TOWN SPARROWS POINT (1	0)
	1		STREET (If rural give location)	7
arl	FOR	INSTITUTION OR A	ADDRESS	11 7 - >
clearly	00	Nouse House 11 com	KURAL ROUTE 10 - BOX	302
	3.	DECEASED	OF 1	Day) (Year)
death		(Type or Print) WILBUR GEORGE	TLE DEATH: FEB.	24 19 36
	5.	SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED,	A.A.	ays Hours   Min.
of		M. W. (Specify): MARRIED JULY	22, 1874 8% yrs	ays Hours Min.
causes	IOA.	USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
an		even if retired) RIGHT HELPER STEEL MFCR		COUNTRY?
	13.	FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	7 - 0 - 1
write the		INVIN KYLE	SARAH	
ite	15. V	WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 3446 And	CHARE WAY
W		s, no, br unk.) (If Yes, give war or dates	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1-
Se		100 of service) (21) 013	JAMES W. KYLE YUM	BALK 22, md.
please	T	18. MEDICAL CERTIFICATIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
d.	•	11113X	, 11 , 1 , ,	ONSET AND DEATH
52		IMMEDIATE CAUSE (A) Lerebra	Vascular Augident	3 days.
Physicians		ANTECEDENT CAUSE (S)		
sic	DI	SEASES OR CONDITIONS, IF ANY, (B) Au pertens	ive Arterioscleratic Cardio-	- TO THE RESERVE OF T
hy	GI	VING RISE TO THE ABOVE CAUSE DUE TO LA SCUI	lan Distase.	
	3	(C) Said		
int	II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	19	
orts		TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
important.	19/	A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
	0			YES NO NO
lly	01.	ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact	cory. 21c. WHERE DID (City or town) (Count	
especially	OR	ACCIDENT WAS UNDERLYING \( \) 218. PLACE (Home, farm, fact CONTRIBUTING \( \) CAUSE OF DEATH OF INJURY street, office bldg., EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)
esp		TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   While   Not while	21F. HOW DID INJURY OCCUR?	
Is	OF	M. at work at work		
e i	22	I hereby certify that I attended the deceased from Feb.	6 1956 to Feb. 34 19 12 that I last	saw the deceased
80	44.		A 41	
		alive on 1-66. 23, 1956., and that death occurred at SIGNATURE		stated above.
correct		10. 0 /0 - 10	0. 9142 St. Balto, 19 Md. 2	124/17
cor	23.	BURIAL CREMATION DATE THEREOF   NAME OF CEMETE		county) (State)
		BEMOVAL (SPECIFY) 2-27-56 OAK GA	0 4 - 0	d.
	- F	ATD REC'D BY DOCAL   REGISTRAR'S SIGNATURE	. 24. FUNERAL DIRECTOR	ADDRESS
197	R	EGISTRAN REGISTRANS SIGNATURE	Walter B. L. 19. 10. 11 1	Ph. A.M.
	5	Nativison X. Juliana	way proper madely, there	the late.



MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U1468

#### 1498 CERTIFICATE OF DEATH

Reg. Dist. No.

- 400		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	);
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	-wort
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) 7 Days		nd give nearest town)
HOSPITAL OR INSTITUTION OR 5 STREET ADDRESS VETERANS ADMINISTRATION HOSP	STREET (If rural give location) TTAL Box 54	
DECEASED: (Type or Print) JOSEPH (Juozapas (NMI)	LATVANAS OF DEATH: February	12 19 56
RACE: WIDOWED, DIVORCED,	8-93  9. AGE last birthday   IF UNDER 1 Y Months   D	ays Hours Min.
work done during most of working life. oR INDUSTRY: even if retired): Cement Finisher	Lithuania	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Latvanas	Eva (MN: Unknown)	
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates Yes Unknown	Clin.Rec., Vet. Adm. Hosp., Ft. Hor	
18. MEDICAL CERTIFIC.  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ATION	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) INFARCTI	ON OF MYOCARDIUM DUE TO ARTERIO	h MONTHS
ANTECEDENT CAUSE (S)	C CORONARY THROMBOSIS	
STATING UNDERLYING CAUSE LAST.	CLEROTIC CARDIOVASCULAR DISEASE	4 YEARS
OO L X (C)		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	NARY TUBERCULOSIS	38 YEARS
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	ION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, f OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	factory, 21c. WHERE DID (City or town) (Count gr., etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while at work at work	ED   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov.	17 , 1955, to Feb. 12 , 1956, that Mylast	rsnm-theydeceased
alivernous successions, and that death occurred a	at9:00 aM, from the causes and on the date	stated above.
C/B/COPD, M.D.	M.D. VAH, Fort Howard, Maryland	2-12-56
DEMOVAL (SPECIFY)	etery or crematory   Location (City, town, or National Cemetery Baltimore, Ma	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	William Cook-Blight Inc. Fune 6009 Harford Ave. Baltimore 1	ral Home

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

CERTIFICATE DEATH

Reg. Dist. No. 1. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: 15a COUNTY COUNTY MARYLAND STATE CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest OR and give nearest town) (in this place) OR TOWN TOWN HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS 4. DATE (Day) 3. NAME OF (Month) (Year) (Middle) (First) (Last) DECEASED: OF (Type or Print) DEATH: COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS RACE: WIDOWED, DIVORCED, Months Hours (Specify): Oct. 25 1866 12. CITIZEN OF 10a. USUAL OCCUPATION. Give kind of 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): INDUSTRY: COUNTRY work done during most of working life, even if retired): 13. FATHER'S NAME: 14. MOTHER'S MAIDEN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No .: 329/1chester (Yes, no, or unk.) | (If Yes, give war or dates of Are Balto 18 Catherine Chanswath service) 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause

(CITY OR TOWN)

HOW DID INJURY OCCUR?

DUE TO

PLACE (Home, farm, factory, street,

office bldg., etc.)

(State)

Interval Between

Onset

And Death

Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION

10

OF

INJURY

8

REGISTRAR'S SIGNATURE

20. AUTOPSY ? Yes No (COUNTY) (STATE)

(Day) (Year) (Hour) INJURY OCCURED OF While at Not While INJURY Work At Work 22. I hereby certify that I attended the deceased from Let

...,1956, to Felb , 1956, that I last saw the deceased pM , from the causes and on the date stated above. 95.6, and that death occurred at

LOCATION (City, town, or county)

BURIAL, CREMATION, REMOVAL (Specify)

(Specify)

Antecedent causes (s)

ACCIDENT

HOMICIDE

alive on

DATE REC'D BY LOCAL REGISTRAR

SUICIDE

Diseases or conditions, if any, giving rise to the above cause

11. OTHER SIGNIFICANT CONDITIONS

stating the underlying cause last.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1801470

1500	CERTIFICATE	OF	DEATH
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Reg. Dist. No.

ly.	1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
gib		COUNTY Balto. MARYLAND	STATE Md. COUNTY
leg		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
death clearly and legibly	50	OR and give nearest town) TOWN Catonsville (in this place)	or TOWN Baltimore
N		HOSPITAL OR HOSPITAL OR INSTITUTION OR	STREET (If rurai give location)
lear	90	STREET ADDRESS 16 Fusting Ave.	1656 Northgate Rd.
h	3.		(Last) 4. DATE (Month) (Day) (Year)
eat		DECEASED: (Type or Print) CLARA B. LEASI	DEATH.
of do	5.	PACE. WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 VEAR IF UNDER 24 HRE.  Months Days Hours Min.
	104	female white (Specify Widowed Oct. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
causes		work done during most of working life.  even if retired):  Homemaker  at home	Md.
	13.	FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
write the		John Gwynn Tibbals	
rite	18. V	WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:
W W		s, no, or unk.) (If Yes, give war or dates of service)	Mr. H. Gwynn Lease-1656 Northgate Rd.
please		18. MEDICAL CERTIFICAT	
pl	I	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
us:		IMMEDIATE CAUSE (A) Eligrean	Tim Cardis . Yasenley Disen 15 70(2)
:181		ANTECEDENT CAUSE (8)	
Physicians	GI	SEASES OR CONDITIONS, IF ANY, VING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST.  (B)  Out 10	ensir Cardio- Varenter Disus 15 70 3
		(C)	
important.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
od 1	104	DISEASE OR CONDITION CAUSING DEATH	
	0	DATE OF CITATION.	20. AUTOPSY? YES NO
especially	OR	. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.,	
is esp		TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
ge i	22.	I hereby certify that I attended the deceased from	4, 1955, to R 1856, that I last saw the deceased
60		alive on 2 - 15 , 1956, and that death occurred at-	
ct		SIGNATURE , 150, and that death occurred at	ADDRESS DATE SIGNED
correct	15	Telment Vallager M	0. Calonerill-28 Def. 2.20-56
00	23.	REMOVAL (SPECIFY)	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
		Burial 2/21/56 Mt. Olive	t Cem. Balto., Md.
		ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS

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#### MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HO	ME) OF DECEASED.	W -
MARYLAND	Vel-6	- Jakes	1.6
OR give negrest town / / (inc this place)	OR T	limits, write RURAL and gi	ve nearest town)
TOWN tramblesting 3/14/17		blesburg'	- %
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If rural, give location)	1
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) EMMA - ETTN - LE	IGHT	OF DEATH Fiel	14 1956
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH 9.	AGE last birthday If under Months	I year If under 24 hrs Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	IL BIRTHPLACE (State or f		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Mid		COUNTRY'S A
13. FATHER'S NAME	MOTHER'S MAIDEN N	-	
John & Myles	Migues		9
(Yes, no, or unknown)   (If yes, giv war or, dates of	17. INFORMANT AND ADI	ORESS 14 10	sburg Xil
leervice)	DEFENDATION AND	us, require	souly no
	RIPICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- 0	-	ONSET AND DEATE
Immediate cause (a) Corsuary	arrive A	recase	1 hs
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last  (c)  H. OTHER SIGNIFICANT CONDITIONS			100000000000000000000000000000000000000
Conditions contributing to the death but not related to the disease or condition causing death.	Verise.		20-424.
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
moner none			Yes 🗆 No 📇
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office hidg., etc.) CAUSE OF DEATH.	(CITY OR TO		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCC		
INJURY . m.   work   at work	arne,		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated	Inquiry sthereon and above, and death in my	from the evidence opinion resulted
from: natural causes of accident , suicide , homicide , SIGNATURE (Degree or title)	andetermined		DATE SIGNED
D.D. Caples ma	Reistratow	on, Ind.	2-15-56
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LO	CATION (City, town, or cou	nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 FUNERAL DIRECTOR	- Cherry	ADDRESS
- X-10 20111000 121 Alle	Call Type	~ ( ) well	rece "INH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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NAME OF TAXABLE OF SECURITIES ASSESSED AND ADDRESS OF TAXABLE OF T	AD BUREAU FORMATIONS DATE THEREOF, JAMES OF CENTER
24. FUNDRAL BIRUCYCA ADBRIAN ADBRIAN A	BUT LANGIE STURKEN EN LYNCH AN ALLEN STORY

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Supply every item of information carefully.

especially important. Physicians please write the causes of death clearly and legibly.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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OATE REC'D REGISTRAR

BY LOCAL

REGISTRAR'S

SIGNATURE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01473

· 1593 CERTIFICATE	E OF DEATH Reg. Dist	. No. 33
1. PLACE OF OEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	0:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Prince	e Georges
CITY (If outside corporate limits, write RURAL OR and give nearest town)  X TOWN Owings Mills  LENGTH OF STAY (in this place)  2 yrs.	CITY(If outside corporate limits, write RURAL a OR TOWN Hyattsville	
HOSPITAL OR INSTITUTION OR CONTROL OF ADDRESS ROSEWOOD State Tr. School	STREET (If rural give location) ADDRESS 8215-14th Avenue	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DECEASED:	(Last) 4. DATE (Month) (Contract of DEATH: 2	Day) (Year) 1 2 19 56
RACE: WIDOWED, DIVORCEO.	9. AGE last birthday Funder 1 (29/53 2 yrs. Months E	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12. Washington, D.C.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Leo Levine	Shirley Breslow	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no. or unk.) (If Yes, give war or dates	17. INFORMANT & ADORESS:	
of service)	Rosewood Records	. 0
18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  49/X  IMMEDIATE CAUSE  (A) Pneumoniti	Sacute Bronchoko	ONSET AND DEATH
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. (B)  Hydrocepha	1 8	since birth
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH. Malnutriti	on	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE OID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1 alive on 2/2, 19 56, and that death occurred at SIGNATURE	9:00 M, from the causes and on the date	
		/2/56
REMOVAL (SPECIFY) 2-2-56	ERY OR CREMATORY LOCATION (City, town, of	r county) (State)

BUREAU V. S.

ECEDA E.



MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. please write the causes of death clearly and legibly. correct age is especially important. Physicians:

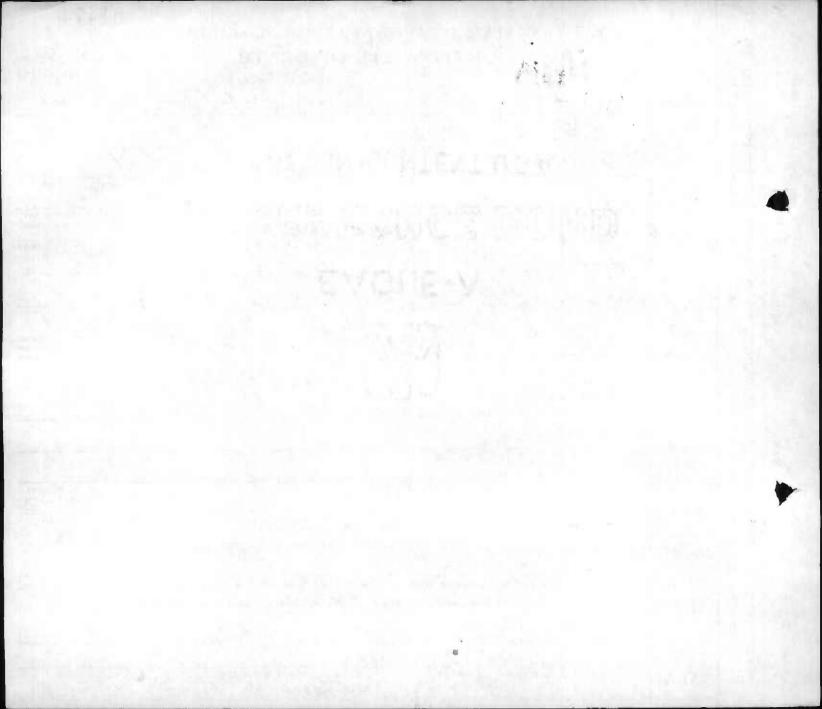
-10 - 53

A15

VS.

REGISTRAR

CERTIFICAT	TE OF DEATH Reg. Dist	. No. 32
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: //
R. H.	2 1 1 0	14
COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STA	STATE Manyla COUNTY Da	lunori
OR and give nearest town)	OR 01 1/12 1	ina give nearest town
* TOWN Broke Pikloville 15 year		· ×
HOSPITAL OR INSTITUTION OR STREET ADDRESS Orchard Rd.	STREET (If rural give location)	/
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) ()	Day) (Year)
(Type or Print) Bridget Agnes Li	Ng9 DEATH: TLA	14 195-6
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DAT	E OF BIRTH: 18859. AGE last birthday IF UNDER 1 V	
Family White (Specify) Tramed out	12, 1819H 10 MM. YES.	Days Hours Min.
Work done during most of working life, even if retired):		CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	15.77
Patrick Dougherty	margaret Donnelly.	
15. WAS DECEASED EVER IN U.S. ARMED FOREST 19. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: / 0/	RL,
(Yes, no, or unk.) (If Yes, give war or dates of service) hore.	Benjamin Linga Piklaville	ghd
18. MEDICAL CERTIFICA	ATION V	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
581.0	Cerrhosis of liver	310
DUE TO	Joseph Liver	a mas.
ANTECEDENT CAUSE (S)		
GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	ON	20 111200000
		YES NO T
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contribution 21B. PLACE (Home, farm, fact	actory, 21c. WHERE DID (City or town) (Count g., etc.) INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	ED   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 28/	rov , 1953, to 14746 , 1956 that I last	saw the decease
alive on 14 744 , 1956, and that death occurred a	M, from the causes and on the date	stated above. re signed
	M.D. Paklsvill 8 md 14	7-18 56
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS //



VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

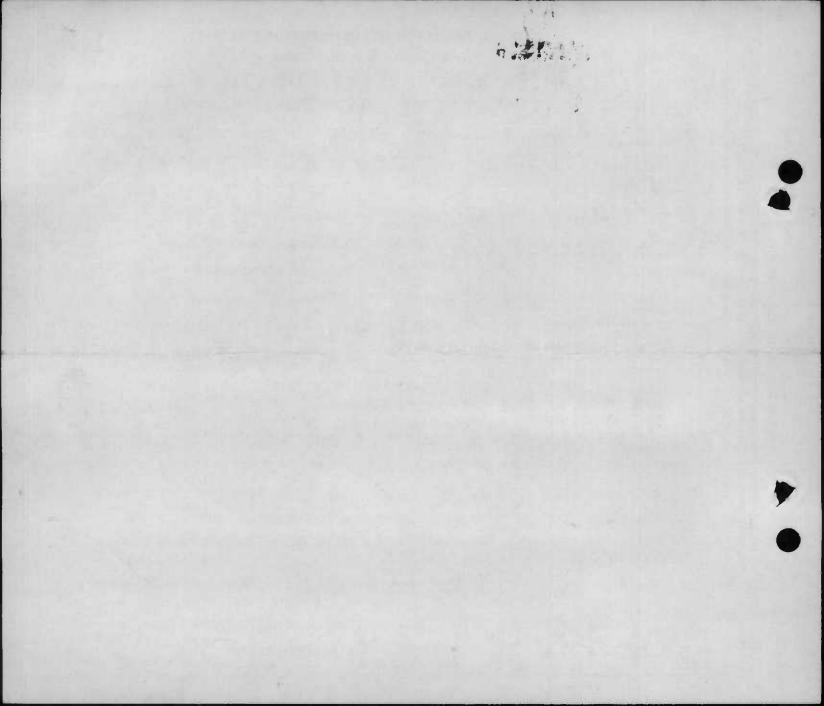
2411 N. Charles Street, Baltimore

#### 1575 CERTIFICATE OF DEATH

Reg. Dist. No.

01475

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Bollimore MARYLAND	STATE Md. COUNT	Balleman
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	
OR give nearest town) Note & Cliff Regions as (in this place)	TOWN Notch Cliff Md. Wear Tre	oson X
HOSPITAL OR	STREET (If rural, give location)	y i
93 STREET ADDRESS VIPPA Maria Glewren Rd	ADDRESS & Buaren Pd	/
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Sr. M. Cantalicia Magin	DEATH Feb	26 1956
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   If unde	r 1 year  If under 24 hrs.
Female White (Specify) Single	Abril 7, 1869 86 yrs. Month	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY RELIGIOUS.	Rochester 4.4.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Warfin Magin	Mary Englest	
15. Was Decrased Ever In U.S. Armed Fordes?   16. Social Security No.	17. INFORMANT AND ADDRESS	
(Yea, no, or unknown) (If yes, give war or dates of service)	Sr. Mary clara NOTCH CLIFF NO	TOWSON, MD.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
153X p.,.	A	6
Immediate cause (a) Cesses ale	my failure due to metastasis.	1 wix
Antecedent cause(s)	ma of ascouding color	
Diseases or conditions, if any, (b)	nua of ascondine colon	544
giving rise to the above cause stating the underlying cause last	<i>t</i>	
(e)		1 . 7 . 12
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, Yarm, factory, street,	(CITY OR TOWN) (COUNT)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work		
	2.0.1	
22. I hereby certify that I attended the deceased from Sept. 2.	2., 19.3.3., to <i>T20</i> .2.6, 19.3.6., that I last	saw the deceased
alive on Jb. 21, 1956 and that death occurred at L	2.50 P m from the severe and on the date	total above
SIGNAPURE (Degree or title)	ADDRESS	DATE SIGNED
Me a No HOTE allowed	7501 YORK RO. TOWSON, M	D 2-71-51
evous chomen		
	RY OR CREMATORY LOCATION (City, town, or cou	
BURIAL 12 20 36. IVILLA MA		lowson, MD.
HATE REG D BY LOCAL REGISTRAR'S SIGNATURE	4. FUNERAL DIRECTOR 9015 CONK	LIABRESS.
1 1 1 9 7 00 175000	Haharles S. Teller BALTO. 7	Y, MD.
Dunest		



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PLEASE

item of information carefully.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01476

1306	CERTIFICATE	OF DEATH
	* ULKIIIIUAII	OF DEATH

		Reg. Dist.	. 110.
ly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (H	OME) OF DECEASE	D:
gib	COUNTY BALTIMORE MARYLAND STATE MARYLAND	COUNTY	a.
and le	CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN FORT HOWARD  CITY(If outside corporate OR	limits, write RURAL a	nd give nearest town
death clearly and legibly	HOSPITAL OR STREET	If rural give location) MARGARETTES	V
ath c	3. NAME OF (First) (Middle) (Last) 4.	OATE (Month) (I	10, 19 56
of	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE IN MALE WHITE (Specify): WIDOWED 9-10-91	st birthday trunder i y Months D	aya Hours Min.
caus	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 10B. KIND OF BUSINESS OR INDUSTRY:  Automobile 111. Birthplace (State or in the state of the state of the state of the state or in the state of the st		COUNTRY?
he	13. FATHER'S NAME: 14. MOTHER'S MAIDEN N	AME:	
te t	CHRISTIAN MATTES HERMOINE BREINI	NG	
please write the	(Yes, no, or unk.) (If Yes, give war or dates Yes of service) WW-1 13. Social Security No. 17. INFORMANT & ADDRE		vard,Md.
leas	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN
ф	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
18:	IMMEDIATE CAUSE (A) APLASTIC ANEMIA		UNKNOWN
cian	ANTECEDENT CAUSE (8)		
Physicians:	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		
	(C)	heo o	F
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
mp	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	2		YES NO _
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	or town) (Count	y) (State)
is est	OF INJURY  OF While Not while at work at work 21s. How DID INJURY COCCURRED 21s. How DID INJURY CO. 11:25 PM	CCUR?	
age	22. I hereby certify that VA attended the deceased from Feb. 10., 1956, to Feb. 10.	19.56, stractobast	essentations
	and that death occurred at 11:25PM, from the cause ADDRESS		stated above.
orrect	D. Mark, M.D. & CHARLE M.D. VAH, Fort Howard	rd, Maryland	2-12-56
00	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOC. BURIAL SPECIFY) BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOC. BURIAL SPECIFY) BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOC.	ATION (City, town, or	county) (State
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Leonard J. Rucl 5309 Harford Re	Tunomal Ham	ADDRESS

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TO ATTENDING PHYSICIAN OF

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# \$503 CERTIFICATE OF DEATH

12 12.		2. USUA	L RESIDENCE (HOME) OF DE	g. Dist. No
COUNTY JAVIEN	100.	RYLAND STATE	md. COUNTY	
CITY (Il outside corporate limit	Is, write RURAL   LENGT	TH OF STAY CITY (	Il outsida corporate limits, write RURAL an	d give nearest town)
OR and give nearest town)	prille.	this place) OR TOWN	Frederick	10-11-
HOSPITAL OR INSTITUTION OR STREET ADDRESS MCV	rania, Hom	STREET ADDRES	S Francis Scott	(Cay Wotel
3. NAME OF DECEASED (Type or Print)	rsi) (Middle)	LOFS Nay	2 September 1 Sept	h) (Day) h, 7
5. SEX 6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE lest birthdey	Months Deys Ho
10e. USUAL OCCUPATION (Giva kindone during most of working light ratified)	nd of work 10b. KIND OF BU	SINESS   11. BIRTHPLACE	E (State or foreign country)	12. CITIZEN OF COUNTRY?
13. FATHER'S NAME  Jacob TI	Comes Bor	vera 14. MOTH	ER'S MAIDEN NAME	nd wolf
15. WAS DECEASED EVER IN U. S. (Yas, no, or unk.) (If Yes, give wa	ARMED FORCES? 16. SOCIAL or or detas of service)	SECURITY NO. 17. IN	FORMANT & ADDRESS. A.	ell In
I DISEASES OR CONDITIONS DIRE		MEDICAL CERTIFICATION	in any many	INTERVAL ONSET AN
A IMMEDIATE CAUSE	(A) boly	MANU OCCALI	PAIN)	
ANTECEDENT CAUSE	0115.70		5000,70	
DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA	NY. (B)			
STATING UNDERLYING CAUSE LA	AST. DUE TO			
II OTHER SIGNIFICANT CONDITION	S CONTRIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN		ATION		20. AUT
TO THE DEATH BUT NOT RELATED	196. MAJOR FINDINGS OF OPERA			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN	21b. PLACE (Home, farm, f ATH OF INJURY street, office bldg		INJURY OCCUR? (City or town)	(County) (S
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. TIME OF INJURY (Month) (E	21b. PLACE (Home, farm, farm, farm, farm, farm, for INJURY street, office bldg (ER)   21e. INJURY (While at work	OCCURRED 21f. HOW DID Not while at work	INJURY OCCUR? (City or town)	(County) (\$
TO THE DEATH BUT NOT RELATED  DISEASE OR CONDITION CAUSIN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. TIME OF INJURY (Month) (E	21b. PLACE (Home, farm, farm, farm, farm)   OF INJURY street, office bidg	OCCURRED 21f. HOW DID Not while at work 1949		, that I last saw the

BARRYLAND STATE DEPARTMENT OF HEALTH-HALLDMORE, 13

### CERTIFICATE OF DEATH

-M. 3445 Jun W

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BUREAU V. S.

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third

1. PLACE OF DEATH

COUNTY

TOWN HOSPITAL OR INSTITUTION OR

3. NAME OF DECEASED

S. SEX

female

STREET ADDRESS

(Type or Print)

13. FATHER'S NAME

(Yes, no, or unk.)

Baltimore

(First)

(If Yes, give war or delas of servica)

Rodgers Forge

Marie

(A) DUE TO

(Year)

DATE THEREO!

22. I hereby certify that I attended the deceased from

(Hour)

Feb. 4th1956

245 Rodgers Forge Road

SINGLE, MARRIED

(Specify)

WIDOWED, DIVORCED,

19b. MAJOR FINDINGS OF OPERATION

21b. PLACE (Homa, farm, factory,

OF INJURY street, office bldg., etc.)

Whila

et work

21e. INJURY OCCURRED

Not while

NAME OF CEMETERY OR CR

Mt. Marian

at work

(Middle)

S.

married

10b. KIND OF BUSINESS

OR INDUSTRY

16. SOCIAL SECURITY NO.

IS. MEDICAL CERT

(If outside corporete limits, write RURAL

Mrs.

RACE

10e. USUAL OCCUPATION (Give kind of work

Mr. Charles Snyder

done during most of working life, even if

at home

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d, TIME OF INJURY (Month) (Dey)

19a. DATE OF OPERATION

SIGNATURE

BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 24. REC'D BY REGISTRAR

A15C 1-55 10M

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

COLOR OR

white

and give naarest town)

# ÷ . . . with and completely filled burial transit permit. filed requires that the FUNERAL DIRECTOR: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician. the attending physician be detached for use as a certificate has been executed by the death certificate assembly should be ATTENDING PHYSICIAN

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE

Mc Call

Aug.

8. DATE OF B

11.

21c.

21f.

MARYLAND

LENGTH OF STAY (In this place)

01478

OF DEA	711	R	eg. Di	st. No	1.1	•••••
2. USUAL RESIDEN	ICE (H	OME) OF D	ECEAS	ED		-
STATE Maryla	and rete limit	COUNTY	Ball	timore	9	
OR		Forge			×	
STREET		(If rural gi	va locatio	on)	7	
ADDRESS	245	Rodgers	For		ad	
0.51)	4.	DATE (Mo		(Dey)	(Yee) 3t 19	56
IRTH	9. AGE	lest birthdey	IF UNI	DER 1 YEAR	IF UNDER	24 HRS.
5, 1893		62 yrs.	Months	Deys	Hours	Min.
BIRTHPLACE (Steta or forei	gn count	Iry)		12. CITIZEN	OF WHA	T.
rederick Nor	MAME	nd			SA	
Mamie Gloyd						
Mr. E. J.	Mc C	Call, 21	15 Rc	dgers	Forge	e Rd
FICATION	f			INTE	ET AND DE	ATH
cars M	car	where	eis.	Su	CAA	Gen
Klese		-				
- President	(F)	are	-	8	-41	3
Caron	can	1- 50	ner	4	1	
	-/	Callin S.	1	20		-
WHERE DID INJURY OCCU	R? (City	or town)	10	YES ounty)	(State)	
William DID HOOK! OCCO	(C)	0. 10411,	,,,	· · · · · · · · · · · · · · · · · · ·	(0.010)	
HOW DID INJURY OCCU	R?					
A.M. from the	causes	and on the (Street, city, to	date st	ated above		
MATORY	LIOCA	ATION (City, toy	n, or sou	inty)	17/1	(de tota)
emetery		wson. M			,,,	
	MI COLOR	1100		ABBORCE		

Leonard J. Ruck, 5305 Harford Road #14

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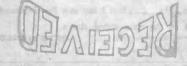
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## CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEA			2. USUAL R		HOME) OF DEC	EASED.	NTV D 34 ·
fall min.	Baltimore	MARYLAND	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Mary.			NTY Baltimore
OR give near	e corporate limits, write RUI	22. A3.23				RURAL and	give nearest town)
X TOWN	est town) Kingsvill	Le I	TOWN	VTuR	sville	des lassifica	×
HOSPITAL OR INSTITUTION STREET ADDR	OR Hilltop Dr	rive	STREET ADDRES	s Hill	top Drive	rive location	
3. NAME OF DECEASED (Type or Print)	Mrs. Mamie	(Middle)	(Last) Mc	Cann	4. DATE OF DEATH	(Month) Febru	ary 18th (Year)
5. SEX female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify) WICOWE	8. DATE OF	10-11	9. AGE last birt		der. 1 year If under 24 hrs ths. Days Hours Min.
	JPATION (Give kind of work f working life, even if retired)	10b. KIND OF BUSINESS	Marylan	nd	r forøign country)		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NA Mr. How	ME Vard Streett			er's maiden	NAME		
15. Was Deceased (Yes, no, or unknown	EVER IN U.S. ARMED FORCE n)   (If year, give war or dates service)	S?   16. SOCIAL SECURITY N	o. 17. INFORM	MANT AND ildred R	ADDRESS oeder, Hi	lltop	Dr. Kingsvill
I. DISEASES OR	CONDITIONS DIRECTLY	18. MEDICA LEADING TO DEATH	L CERTIFICATION	·			INTERVAL BETWEEN ONSET AND DEATH
443X			Hear	+ 1	ailure		2 44
	ate cause (a)	Congesti.	1 1/031		371010		2
Anteced	lent cause(s)						1 , +
giving ris	or conditions, if any, (b) to the above cause the underlying cause last	Hypertensi	ie Lordi	o vesc	iler L	Jiseas.	2 /0 yrs.
0.000	IFICANT CONDITIONS					**** **********************************	
Conditions conta	ributing to the death but not						
related to the di	sease or condition causing des PERATION   19b. MAJOR	FINDINGS OF OPERATION	ON				20. AUTOPSY?
							Yes No E
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, soffice bldg., etc.)	treet,	(CITY OR	rown)	(COUN'	TY) (STATE)
	h) (Day) (Year) (Hour) m,	INJURY OCCURRED While at Not While Work At work		INJURY OC	CUR?		
		he deceased fromAy		to Feb.	18, 19.56,	that I las	st saw the deceased
	11 10 01	and that death occurred	- 00				
alive on SIGNATURI		(Degree or title)	ADDRESS	156501	le md.	ii the date	DATE SIGNED
23. BURIAL, CRI		I NAME OF CES	METERY OR CRE		LOCATION (City	, town, or c	
REMOVAL (S	Feb. 2/	1956 Waters	Memorial Ce	emetery	Coopto		ryland
DATE REC'D B		SSIGNATURE		d J. Ruc		arford	Road #14
1.000	6126	1	7				
			•				

Dr. Tyson Kingsville, Md.
Belair Rd. at Jain intersection.

	7	1
1	n carefully	logihly
1	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.	correct age is especially important Physicians: please write the course of death clearly and lawibly
	item of	of dooth
NG N	y every	Conscion
BINDI	Supply	ito tho
FOR	G INK.	TIN DOGG
MARGIN RESERVED FOR BINDING	FADIN	ne. nl
IN RE	TH UN	Physicia
MARG	Y, WIT	fant I
	LAINL	imnor
	RITE P	checially
	R W	10 0
	E 0	000
	TYP	toor
	LEASE	ron
	Д	

1510 CERTIFICATI	Reg. Dist	. No. 7 4
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY BALTIMORE , MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL a	and give nearest town
OR and give nearest town) (in this place)  TOWN FORT HOWARD 13 Days	OR TOWN BATTTMORE	3 V 1 11
HOSPITAL OR	STREET (If rural give location)	
SUSTREET ADDRESSVETERANS ADMINISTRATION HOSPIT		REET \
S. NAME OF (First) (Middle) DECEASED: (Type or Print) JOHN O. MC CRAC	OF	Day) (Year) Y 15 1956
	OF BIRTH: 9. AGE last birthday IF UNGER I	EAR IF UNDER 24 HRB.
		Days Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):   12.	COUNTRY?
even if retired: Operator   Motion Pictures	Baltimore, Maryland	J. S. A.
George McCracken	Dora Reinich	
(Yes, no, or with.) (If Yes, give war or dates of service) WW I Unknown	Clin.Rec., Vet.Adm. Hosp., Ft. How	rand Md
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
161X IMMEDIATE CAUSE (A) CARCINOMA O	F LARYNX	UNKNOWN
ANTECEDENT CAUSE (5)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE HYPERTENSIVE ( DISEASE OR CONDITION CAUSING DEATH.	CADDIOUACOUTAD DISEASE	IDIVAVOLDI
DISEASE OR CONDITION CAUSING DEATH TIFETIENDLY L	CARDIOVASCULAR DISEASE	UNKNOWN
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING [] 21B. PLACE (Home, farm, fact OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count injury occur?	y) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that \$\frac{1}{2}attended the deceased from Feb.	2, 1956, to Feb. 15, 19 56 10000000	0.400   100   100   100
signature at Signature	2:05AM, from the causes and on the date:	stated above.
F.G.Dickey, M.D., Chief, Medical Service M. 23. BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETIC	D. VAH. FORT HOWARD, MARYLAND 2	2-15-56
REMOVAL (SPECIFY)	tional Cemetery Baltimore, Mary	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS BALLO.
et 16-3 Bown, Hearing	Wm. Cook-Blight, Inc., 6009 Harf	ord Rd. Md

THE PROPERTY AS IN THE PROPERTY WHITE AND THE THE RESERVE OF THE PROPERTY OF 

TO HOSPITAL

VS A15 (4) 15M 9/55

1. PLACE OF DEATH

Baltimore

b. CITY OR TOWN (If outside corporate limits, write

Towson

Self Emp. Farmer

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Mr. Dwight

white

522 Windwood Road

I.

WIDOWED TO

RURAL and give negrest town)

o. COUNTY

NAME OF

DECEASED

5. SEX

M

0

(Type or print)

male

23. FUNERAL DIRECTOR'S SIGNATURE

ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH 1514

Middle

Mc Kay

ADDRESS

Leonard J. Ruck, 5305 Harford Road #14

01481 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND Maryland Baltimore c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 522 Windwood Road YES NO P 4. DATE OF DEATH Lost Month Day Year February 27th 1956 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) 68 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours DIVORCED [ Nov 25, 1887 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Connecticut **United States** 

246 REGISTRAR'S SIGNATURE

24a. REC'S BY REGISTRAR

3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Albert L. Mc Kay	Elizabeth Mc Arthu	ır
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17. INFORMANT Mrs. Charles Robinson	Address 522 Windwood Road.
Conditions, if any, which gove rise to immediate couse (a), stating the under DUE TO	Emphysemia Chronic bronchitis and asthma	INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. p.	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND  RIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of its  SJURY OCCURRED   20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.)	PERFORMED? YES NO
21. I certify that I attended the decease	ed from. 2-22 , 1952, to 2-27  and that death occurred at 10.34 M, from the cappets (Street, city of the cappets)  ADDRESS (Street, city of the cappets)	causes and on the date stated above y or town, state)  DATE SIGNED
REMOVAL (Specify)  Burial  20. Date thereof  Mar. 1,1056	22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (CI	ty, lown, or county) (Stote) ury, Connecticut

	TE OF DEATH	CERTIFICA	
Control of the Park			
	e om estado en la como a l	A THE PARTY AND A STREET	no reci
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iga Por dalla yanazdo3		Six Kuy	dugling the
	New York Street		Paris Carlos
W.S. will be a	Connection		There's Tork 11/2
	under 1 M discharlis		thout he se May
Saal bowbn. V 65	Mrs. Coarles Coltacon, a		
		a impo voimi	THE RESERVE OF THE PARTY OF THE
	endtes and esthra		OF THE CONTRACT OF THE CONTRAC
			The political property of the party of the
	The same of the sa		
BUREAU V. S.	79-C_ct.837. 	BE-S - and tello	93.472.48 10.4 (6.5 = 1.4 GHz 1.4)
956F FT . AAN	EPRE Rollerd Pres		
		5-3-45-65-19E	en en e l'ille des des des des des des des des des de

MARGIN RESERVE	H UNFADIN
ARGIN	WITH.
X	PLEASE TYPE OR WRITE PLAINLY,
	WRITE
	OR
	TYPE
	PLEASE

1512	DENTIFICAT	E OF DEAT	Reg.	Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:
COUNTY Baltimere	MARYLAND	STATE MATY	land COUNTY	Calvert
CITY (If outside corporate limits, write RI OR and give nearest town) Catonsville		CITY(If outside c		AL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove	State Hespital	STREET ADDRESS	(If rural give ioca	ition)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) George	W. M	iennett	OF DEATH: Feb.	<b>15</b> 19 56
5. SEX: 6. COLOR OR 7. SINGLE, WIDOWEI (Specify):	D, DIVORCED.	n. 5, 1880	76 yrs. Month	
NOR. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jebs	KIND OF BUSINESS OR INDUSTRY:	Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:  Charles Mennett		14. MOTHER'S MA	ine Boyd	
(Yes, no, or unk.) (If Yes, give war or dates of service)	16. SDCIAL SECURITY ND.	17. INFORMANT &	ADDRESS: Spring Grove St	ate Hespital
11	B. MEDICAL CERTIFICA			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH			ONSET AND DEATH
420.1				
		ocardial infar	etion	4 hours
ANTECEDENT CAUSE (S)	UE TO			
	(B) Arteries	cleretic corer	ary thrombosis	?
STATING UNDERLYING CAUSE LAST.	UE TO			40.0
	(c) General	ized arterioso	elerosis	years
II OTHER SIGNIFICANT CONDITIONS CON				
TO THE DEATH BUT NOT RELATED TO T				
	FINDINGS OF OPERATIO	N		20. AUTOPSY?
2				YES NO
21A. ACCIDENT WAS UNDERLYING   21B OR CONTRIBUTING   CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fac INJURY street, office bldg.	etory, , etc. INJURY OCCUR	D (City or town) (	County) (State)
2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	D 21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the	deceased from 2 - 1	5 - 1952 to 2 -	25- 195 Chat I	last saw the decease
alive on 2-25-, 195 6 and SIGNATURE				
Houral E. Ealer	recold h	1. D. Spring G	rove basseta	8 2.25-56
23. BURIAL, CREMATION, DATE THEREOR	NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, tow	vn, or county) (State 28, Maryland
burial Feb. 28,		ROVE STATE HOS		
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DI	RECTOR HOCD	ADDRESS

Maryland

FEB 29 1956
FEB 29 1956

CERTIFICATE OF DEATH 1513

Reg. Dist. No. 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND	STATE // BO / AND COUNT	Y
CITY (W buside corporate limits, write RURAL LENGTH OF STAY OR and two nearest town) (in this place)	CITY (If outside corporate limits, write DUTAL and	give nearest town)
TOWN Odlewsuile	TOWN Ballimore loit!	3401-4
HOAD STEELE	companion (16 minutes)	
INSTITUTION OR Coton Ridge Nuesing Home	ADDRESS P. I. I frain an and and	HIE!
90 STREET ADDRESS HARLEM WONE	(Last) 4. DATE (Month) (Day)	(Year)
3. NAME OF DECEASED: (First) (Middle) MEVE.	DEATH FED: 2-1	956
5. SEX.   6. COLOR OR   7. SINGLE, MARRIED,   8 DATE   WIDOWED, DIVORCED,	OF BIRTII: 9. AGE last birthday: If UNDER I YE Months Day	
A FEMALO IIIhota (Sportsy): James Alun	· 3. 1876 19-yrs.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life.	R 11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
work done during most of working life, INDUSTRY:	Macland	140/1.
Hen if retired):  13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
· Illand.		
	INFORMANT ADDRESS:	A
(Yes, no, or unk.) (If Yes, give war or dates of service)	unie Marith - 25/8-18- Asia	MOUNTE
18. MEDICAL CERTIFICATI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
491X Brancha M	011mm	1 week
Immediate cause (a) DUE TO	<u> </u>	- C
Antecedent causes (s)		
Diseases or conditions, if any, (b)		******
stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	word (2) ascerding parolese	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
0	(CITY OR TOWN) (COUNTY) (S'	Yes No No TATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (S'	IAID/
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	193 to 7 cb 2 19 3 4 that I last	saw the deccased
alive on 7 16 ( 1956, and that death occurred at		
SIGNATURE, (Degree or title)	ADDRESS	2/3/4
23 STRIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY OCATION (City, town, or sou	inty) (State)
TEMOVAL (Specify)	Bull Hald.	d.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2 EDVENAL PIRECTOR	ADDRESS (7
RIGISTRAR G. a. Hedrichely	Heppert: 1300 Gutor	e Place

## 1514

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY Baltimmee STATE Baltimere MARYLAND of information carefully death clearly and legibly. CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and TOWN give Cate ngville (in this place) Baltimore TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Spring Greve State Hesp. 450 Sanders St. STREET ADDRESS 3. NAME OF 4. DATE (First) (Middle) (Month) (Day) (Year) DECEASED 17, Michael P. Feb. Raymond (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DEFORCED (Specify) SINGLE 8. DATE OF BIRTH 9. AGE jast birthday | II under I year | II under 24 hrs. Months | Days | Hours | Min. Male White (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT done during most of working life, even il retired) Maryland COUNTRY? IN Merch Marine U.S. item es of d 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Marburger William Michael 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of Records: SpringGroveStateHospital 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. please Congestive heart failure Immediate cause UNFADING I Antecedent cause(s) Regurgitated food in brenchus Diseases or conditions, il any, giving rise to the above cause atating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not Tumor fourth ventriele related to the disease or condition causing death. important 20. AUTOPSY? 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Yes IN No (COUNTY) (STATE) 21. EXTERNAL CAUSE WAS PLACE (Home, farm, lactory, street, (CITY OR TOWN) PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. office bldg., etc. INJURY PLAINLY, s especially TIME (Month) (Day) (Year) (Hour) INJURY OCCURBAD
While at Not while INJURY OCCUR? Regurgitated food during meal INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🗶 Inspection 🗀, Inquiry 🧶 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [3] accident [X suicide [], homicide [], undetermined []. DATE SIGNED (Degree or title) 23. BURIAL, CREMATION LOCATION (City, town, or county) PATA THEREOF NAME OF (State) OR CREMATORY REMOVAL (Specify) Loudon Park Cem UNERAL DIRECTOR ADDRESS DATE REC'DOBY LOCAL

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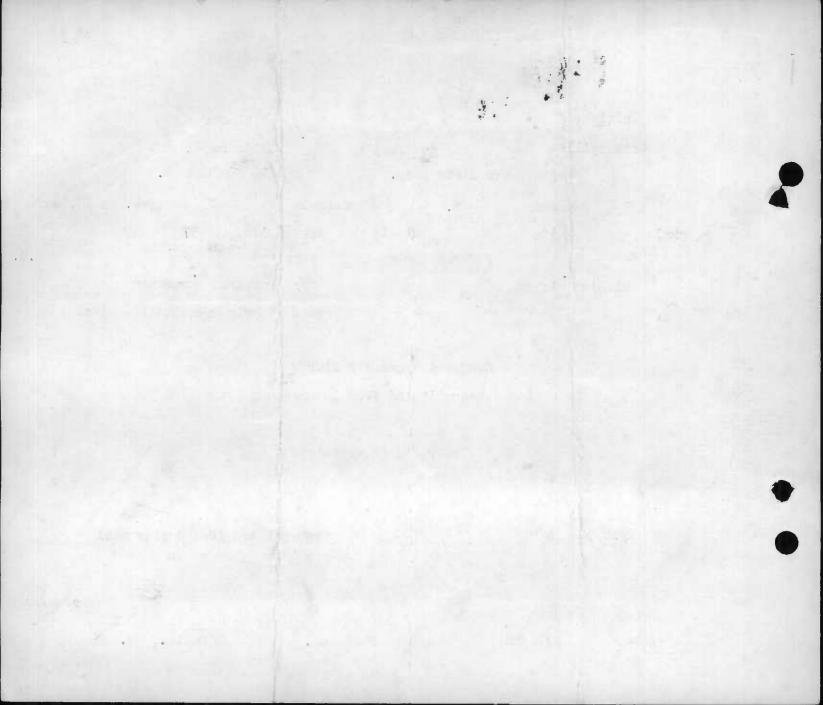
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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

DATE REC'D

mo. D. D. Reifanila

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18 (
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-				
•	1515	CERTIFICATE	OF	DEATH

1485 Rog Dist No

Funeral Home 740 1 Belain Rd

10.13	Meg. Dist. No.
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Balto MARYLAND  CITY (If outside corporate limits, write RURAL DR and give nearest town)  Town  Balto County Balto Soluto  MARYLAND  LENGTH OF STAY  (in this place)	STATE M & COUNTY Balto
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
DR and give nearest town)  TOWN  Balta to Ald  50,475	TOWN BOLLE CO and
	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS (/ 2 0 / K 0 0 1 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADDRESS
HOSPITAL DR INSTITUTION OR STREET ADDRESS 4306 Kenivood Ave  3. NAME DF (First) (Middle) DECEASED: (Type or Print) Auguste Juici	(Last) 4. DATE (Month) (Day) (Year)
DECEASED:	Lial OF T
Type or Print) Auguste Married. 18. DATE	OF BIRTH: 9. AGE last birthday I F UNDER 1 YEAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, (Specify):	Months Days Hours Min.
	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	COUNTRY?
	14. MOTHER'S MAIDEN NAME;
\$	i / ·
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of of service)	Mr Karl Gabe 12605 Brinday AVE
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN ONSET AND DEATH
1/221	O I I
immediate cause (A)	al Hemorrhyse 2 hours
ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  DUE TO  DUE TO  DUE TO	1 + 1 0 0-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	schoole Cardy vosculor mony
STATING UNDERLYING CAUSE LAST.	00
(C)	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	M.
E 194. DATE OF OPERATION: 198. MAJOR PINDINGS OF OPERATIO	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor on Contributing Cause of Death Of Injury street, office bldg., (if Either, Notify Medical Examiner)  21B. PLACE (Home, farm, factor of Injury street, office bldg., of Injury DCCURRED)  21B. PLACE (Home, farm, factor of Injury street, office bldg., of Injury DCCURRED)  21B. PLACE (Home, farm, factor of Injury street, office bldg., of Injury DCCURRED)	ctory, 21c. WHERE DID (City or town) (County) (State) , etc.   INJURY OCCUR?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D   21F. HOW DID INJURY OCCUR?
OF INJURY	
	ene, 1947, to Feb 3, 1956, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
El Dominik Sand	1.0. 5713 Belowhel 2-656
	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
BUT Q 1 3/7/56 Parking	and don Bolt and
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE ,	24. FUNERAL DIRECTOR ADDRESS
BEGISTRAR!	

Dy English.

11.1

EGLLOW , FOR LYU, The

BUREAU V. S.

FEB 8 1036

BECEINED

The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING PHYSICIAN

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01486

#### CERTIFICATE OF DEATH 1516

30 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	STATE ARYLAN COUNTY  CITY (It outside corporete limits, write RURAL end give neerest town)	
OR end give neerest town) (in this plece)	OR	
HOSPITAL OR	OALIMERE STOIL	
INSTITUTION OR		
To street Address House IN The Pives Mone	ADDRESS 605, MONAS TERY AVE. V	
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)	
(Type or Print) MARY C. Mi	2Lea DEATH Feb. 27, 1956	
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,		
FEMALE White (Specify) MARRIED Aug. 1.	7, 1906 49 yrs. Months Deys Hours Min.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
retired) House wife	BALTO, MARY LAND U.S. A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM M. MILLER	AMANDA ELEN MC CON AS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 60.5 MONASTERPAV	
(Yes, no, or unk.) (If Yes, give wer or detes of service) 219-67-1712	Mr. Tier. P. Miller (29)	
18. MEDICAL CERTIFICATION INTERVAL BETWEEN		
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
154 X IMMEDIATE CAUSE (A) SUCCESS (A)		
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B)	y receives / vyears	
STATING UNDERLYING CAUSE LAST, DUE TO		
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
	YES NO	
21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OF INJURY street, office bidg., etc.)  OF INJURY street, office bidg., etc.)	c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	1F. HOW DID INJURY OCCUR?	
M.   et work   at work		
22. I hereby certify that I attended the deceased from 9 1900, that I last saw the deceased		
alive on, 1999, and that death occurred at.	M, from the causes and on the date stated above.	
Elan Wolfman	ADDRESS (Street, city, town, stete)  DATE SIGNED	
M.D. 3	40 - Treste of alles 728/06	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	(Side)	
BURIAL 3/1/56 LORRAINE		
24. REC'D BY REGISTRAR REGISTRAR'S. SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ' ADDRESS	
DATE LB 201050 J. 6. Harry	S. Truman Dehval	
(D 3512 Frederick Horg. (29)		

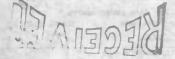
MARYLAND STATE PERATEMENT OF HEALTH-RALING STATE CO. A.

CERTIFICATE OF DEATH



BUREAU V. S.

FEB 29 1868



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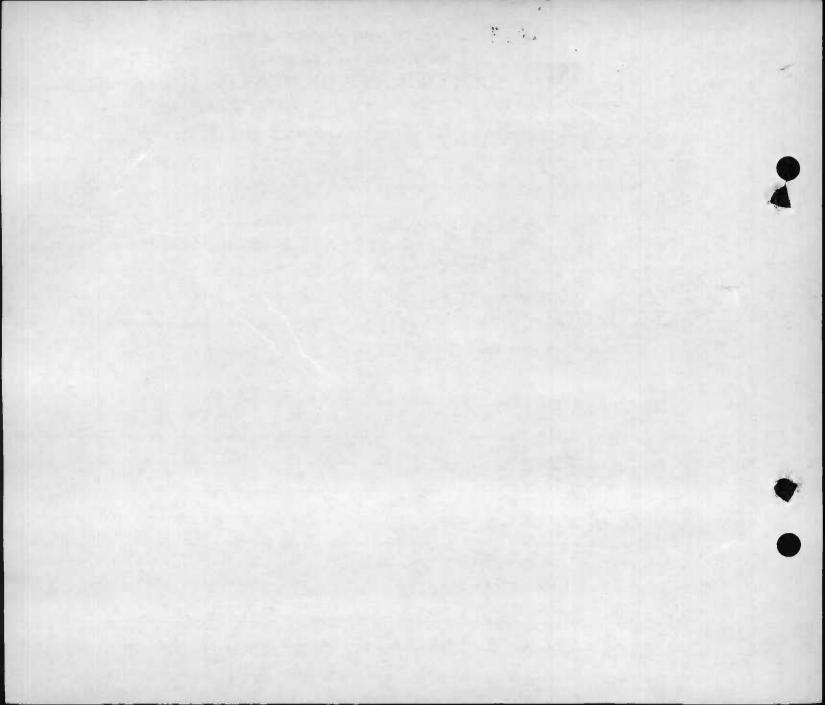
VS.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

1512 Reg. Dist. No..... I. PLACE OF DEATH. 1321t1201-6 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate lights, write RURAL and give neadest town) OR give nearest town) (in this place) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED OF 7. SINGLE, MARRIED, WIDOWED, DIVORCED, lian DEATH (Type or Print) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. 5. SEX Days | Hours | Min. Months | (Specify) 1917 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM! 15. WAS DECRASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service) 241-30-6 INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 2 Min Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No 🗆 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) (STATE) office bidg., etc.) SUICIDE INJURY HOMICIDE INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? Not While While at INJURY Work At work | ushected 22. I hereby certify that I attended the deceased from Gooden's last saw the deceased 630 .m., from-the causes and on the date stated above. (Degree or title) ADDRESS SIGNATURE DATE SIGNED 19 DATE THEREOF LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY CREMATION (State) REMOVAL (Specify) DATE REC'D BY/LOCAL I REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR



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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	15	18	CERTIF	ICA'	TE OF D	EATH			Reg. Dis		35
1. PLACE OF DEA o. COUNTY	Baltimore		MARYLA	- 11	n STATE	ENCE (Whe		d lived. If institu b. COUNT		e before o	
b. CITY OR TO	WN (If outside corporate limits,	write c.	LENGTH OF STAY IN	1b		-		rote limits, write			town)
X W	nite Hall	16 P	25 yrs		Whi	te Ha	11			×	
OR INSTITU	IOSPITAL (If not in hospital, give		ess)		d. STREET AC	DRESS				/ e. !	S RESIDENCE
00 F	Junters Mill Rd	•			Hunter	s Mil	1 Rd.			YE	ES NO
3. NAME OF DECEASED (Type or print)	Sarah	Eliza	Middle abeth Po	well	Moloc	k	4. DATE OF DEATH		-28-56	Day	Yeor 19
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH			9. AGE (In year	-		UNDER 24 HRS.
female	negro w	IDOWED [	DIVORCED [		2-7-187	9	4.000	fost birthday)		Days H	ours Min.
100. USUAL OCCU during most o HOUSE	JPATION (Give kind of work dor of working life, even if retired)	1 .	O OF BUSINESS OR I	INDUSTR		CE (Stote of	or foreign co	ountry)		S.A.	VHAT COUNTRY?
13. FATHER'S NAA	Isaac				14. MOTHER'S Lau		AME			7	
IS. WAS DECEASE (Yes, no. or unknown)	ED EVER IN U. S. ARMED FORCE	ce)	ial security no.		ormant vard Mo	lock,	Whi	te Hall	dress Md.		
gove rise couse (o), st lying couse	, if ony, which to immediate oring the under-lost.  DUE TO  DUE TO  (c)	3	inlite	+							
PART 1  PART 1  20a. ACCIDEN  OR CONTRIBUTE  UIF EITHER, NO	1. OTHER SIGNIFICANT CONDIT	IONS <u>CON</u>	TRIBUTING TO DEATH	H BUT N	OT RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION G	IVEN IN PART	P	WAS AUTOPSY PERFORMED?
	NT WAS UNDERLYING 1 20 UTING 1 CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	b. DESCRIBI	HOW INJURY OCC	URRED.	(Enter noture of	injury in Po	ort I or Port	II of item 18.)			
Hour (	INJURY Month, Day, Year o. m. p. m.	20d. INJUR While of work	Y OCCURRED 20 Not while of work	e. PLAC focto	E OF INJURY (H ry, street, office	ome, form, bldg., etc.)	20f. (City	or town)	(C	ounty)	(Stote)
21. I certil alive an  ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	Wilner	eceased (	/	eath a				8 , 195 n the causes reet, city or town fall	and an th		the deceased stated abave. DATE SIGNED
220. BURIAL, CREA REMOVAL (SI BUTI	MATION, 22b. DATE THEREOF		s. NAME OF CEMETE Stephensor		CREMATORY M. F.			rks, Md			(Stote)
23. FUNERAL DIRE	CTOR'S SIGNATURE		ADDRESS			24a. REC'D	BY REGIST	RAR 24b. REC	ISTRAR'S SIG	NATURE	
T. 10	11112 00 11 BI	,	Sparks. Ma	3		DATE 3-	-6-5	6 line	Marie	lee Y	Was Delu

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The state of the s	all olifide slosific brief		
tue .		and the latest the lat	
A Walter	- Distriction to the		
		DECEMBER 1	

BUREAU V. S.

9561 8 AAM

SECENTED

Lyn, I. Avenue market et

The law requires that the death certificate be

ATTENDING PHYSICIAN OF HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

# 1519 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMEN	NT OF HEALTH-BALTIMORE, 18	01489
1519 CERTIFICATE		No
1. PLACE OF GEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY DALTIMOTE MARYLAND	STATE 10 COUNTY DA	TLTO.
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN ONS ON LENGTH OF STAY (If this place)	CITY (If outside corporate limits, write RURAL and give neere TOWN TO NSON	st lown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9411 LOCH MAVEN BLVD.	ADDRESS 411 LO COY DAVEN	1 BLVD
3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print) ROSE ALBERT MC	(Lest) 4. DATE (Month) OF DEATH 2,	(Day) (Year)
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WOV. 2	F BIRTH 9. AGE lest birthdey ff UNDER 1	YEAR IF UNDER 24 H
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if relired) / OUSE WILLIAM OR INDUSTRY	11. SATHPLACE (State or foreign country)  DALTIMORE MD. 12.	CITIZEN OF WHAT
13. FATHER'S NAME  FRANCIS:  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, Mg or unk.) (If Yes, give wer or dates of service)	MADELINE WHIST	LE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, Jos of unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY NO.  18. MEDICAL CER	17. INFORMANT & ADDRESS MRS. VVM. A. BOVVLIN 8411 LOCH RAVEN	BLVD.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)		INTERVAL BETWEEN ONSET AND DEATH
420 / IMMEDIATE CAUSE (A) COUNTY	I hrombosis.	
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	action in the second	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg., atc.)   (If EITHER, NOTIFY MEDICAL EXAMINER)	Tic, WHERE DID INJURY OCCUR? (City or town) (County	
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21a. INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/6/5		ast saw the deceas
SIGNATURE MC YOU	ADDRESS (Street, city, Ipwn, stete)	DATE SIGNE
- 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) THEORAL DALTIMONE	(State)
24 REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS

C MARYLAND STATE DEPARTMENT OF REALTH-MARRIED AVAILABLE OF SAMPAGE CONTRA BUREAU V. S. The same because the second of 9961 01 87

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MARYLAND STATE DEPARTMENT	NT OF HEALTH—BALTIMORE, 18	01490
· 1520 CERTIFICATI	E OF DEATH Reg. Dist	. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Saltimore MARYLAND	STATE Md COUNTY	
OR and give nearest town) TOWN  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL at OR TOWN	3401-4
HOSPITAL OR INSTITUTION OR Sorrenson Hursing Rough	STREET ADDRESS 337 1 I HE S.	1)
3. NAME OF (First) (Middle) DECEASED: (Type or Print Elizabeth R. 7710 F)	Ohy DEATH: Hely T	1956
femsle Hule (Specify): Halow Dec	OF BIRTH:  9. AGE iast birthday: IF UNDER Months  79 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.  12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of working life, INDUSTRY: even if retired):	R   11. BIRTHPLACE State or foreign country):	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Latrick Doyle.	Budget Nierman	
16. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of service)	therus Elliott 5304B.	arbara st.
18. MEDICAL I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CERTIFICATION	INTERVAL BETWEEN
, pages		ONSET AND DEATH
Immediate cause (a) Refleralized	arteriosclerosis	sev. mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)  HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not while   INJURY   M.   work   at work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	0 00	
alive on, 19, and that death occurred at SIGNATURE	Address	DATE SIGNED
23. BURIAL, CIUMINION DATE THEREOF NAME OF CEMETE REMOVAL (Specify): 7, -16-56 Cathear	RY OR CREMATORY LOCATION (City, town, or Ballimore Co	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 8 1937 1 1 1 Seedwin	Frank W & e.t. 814 W 3	The ADDRESS
per g	2	

Draw Back Wednesd miles Elizabeth P. Thurphy Founds 4 Fich Harborn Tree 1846 79 how wife Hed. Bridge of wine Lectuck Doyle Cotherile Elliott 5304 Barborn 2 10-58 Cathedral Come, Buther Colg med Transach I Santa 1 4 10 3 L # SI

MARYLAND	STATE DEPARTMENT OF HEALTH—BAI	LTIMORE, 18	01491
152I	CERTIFICATE OF DEATH	Reg. Dis	ı. No.

I. PLACE OF OFATH:	2. USUAL RESIDENCE (HOM	(E) OF DECEMBEO:
COUNTY Sally, MA	The second of th	COUNTY MULLO
CITY (If cuttid corporate limits, write RURAL LOR and propagates town)	ENGTH OF STAY CITY(If outside corporate lime of the place)  OR  TOWN	nits, write RURAL and give nearest town)
HOSPITAL OR	STREET CL DOLL	rural give locations
NISTITUTION OR STREET ADDRESS allysburg ) +	nul ADDRESS Hillette	ville Sallo 6
3. NAME OF DECEASED: (Type or Print) Longana	Musgrove OF	TH: 2 19 1956
5. SEX:   6. COLOR OR   7 SINGLE, MARRIEL WIDOWED, DIVOR (Specify).	2/8/1860 96	yrs Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INI even if retired)	OF EUSINESS CHETHPLACE (State or fore	COUNTRY?
13. FATHER'S NAME:	14 MOTHER'S MANDEN NAM	IE:
Suo lodd	Jane May	er o
The time account of the time to the time t	SECURITY NO. 17 NEORMANT & ADDRESS	poll youngfalyed
(Yes, no, or unk.) (If Yes, give war or dates of service)	- Melves luga	ruly I mill
	CAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	ONSET AND LEATH
IMMEDIATE CAUSE (A)	listerio - Scherotici - 1	teant 5 yrs.
ANTECEDENT CAUSE (S)	Deserver - C.	1.1
DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	1 1/ -	
STATING UNDERLYING CAUSE LAST. (C)	7 dullaling	
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Teneralized arterio	- Schrons . 8 yrs .
194. DATE OF OPERATION: 198. MAJOR FINDING	S OF OPERATION	20. AUTOPSY?
0		YES No
21A ACCIDENT WAS UNDERLYING 21B PLACE OR CONTRIBUTING CAUSE OF OEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	street, office bldg., etc. INJURY OCCUR?	r town) (County) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E IN. While at work		
22. I hereby certify that I attended the deceas	sed from 10/7, 1950, to 74. 19, 1	956. that I last saw the deceased
alive on Ful-16, 19.57, and that de	Internal to the second	and on the date stated above.
Faul & Chambers -	M.D. 4/06 februty /PG.	a. Bellen ? - fry
BURIAL CREMATION. DATE THEREOF 6 12	MAME OF CEMPTERY OF CREMATORY LOCAT	10N y town, or county State
DATE PER'O BY LOCAL   REGISTRAR'S SIGNAT	TURE 24. FUNERAL PIRECTOR	ADDRESS
REGISTRAR 1 1007 /1-01/	formal Valle Release	canni 1 1 1 20

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01492

# 1522 CERTIFICATE OF DEATH

		I a Hallat magnetic	LOW CLEANING ON THE	T-WARE	
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DI	LCEASED	
COUNTY Baltimore	MARYLAND	STATE Md.	COUNTY	Baltime	ore
CITY (If outside corporete limits, write RURAL   LE	NGTH OF STAY		orete limits, write RURAL a	nd give neerest	iown)
OR end give neerest town) TOWN Rural—White Hall	in this piece)	OR TOWN Rural	-White Hall		V
	T AT .	STREET	(If rurel giv	on Innational	
HOSPITAL OR INSTITUTION OR		ADDRESS	(ir rurei giv	e locetion)	
STREET ADDRESS					
B. NAME OF (First) (Middle	0)	(Lost)	4. DATE (Mon	th) (De	ey) (Yeer)
(Type or Print)  JUDITH  A.	T	PARDEW	OF DEATH [F]	EB.	13, 1, 56
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	I 8. DATE		9. AGE lest birthday		EAR LIF UNDER 24 H
PACE WINOWED DIVORCE	D,		7. AGE 1031 Dillilliday		eys Hours   Min
F Wh. (Specify) Wid.	Aug.	12, 1868	87 уп.		
IOe. USUAL OCCUPATION (Give kind of work 10b. KIND OF	BUSINESS	11. BIRTHPLACE (State or fore	ign country)		ITIZEN OF WHAT
done during most of working life, even if retired) Home (Housewife)		N.C.			OUNTRY?
B. FATHER'S NAME	lone	1 14. MOTHER'S MAIDEN	NAME	U.S	5.
Elliott Welborn		Nancy Sno	W		
	CIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
Yes, no, or unk.) (If Yes, give war or detes of service)	lone	W E Parc	lew, White Ha	all. Wd	
	8. MEDICAL CE		,		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	or Medical Co	ATTI ICATION		A	ONSET AND DEATH
HAD IMMEDIATE CAUSE (A) CEREBRA	L HEMORRH	AGE			3 days
2115 20					2 days
ANTECEDENT CAUSE(S) DUE TO Chr. Ca	rdio-vasco	ular Disease			
GIVING RISE TO THE ABOVE CAUSE		and Dayonoo			
STATING UNDERLYING CAUSE LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
	rythemato	sus			?
Pe. DATE OF OPERATION 19b, MAJOR FINDINGS OF OR		SUS.			20. AUTOPSY?
90. DATE OF OPERATION 196. MAJOR FINDINGS OF O	PERATION			(6)	YES NO K
Pe. DATE OF OPERATION   19b. MAJOR FINDINGS OF OI 1e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm OF INJURY street, office by the contribution of the contribut	PERATION  n, fectory,	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	
Pe. DATE OF OPERATION 19b. MAJOR FINDINGS OF OI  1e. ACCIDENT WAS UNDERLYING 2  1c. ACCIDENT WAS UNDERLYING OF DEATH  1c. ACCIDENT WAS UNDERLYING OF INJURY street, office be  1c. ACCIDENT WAS UNDERLYING OF DEATH  1c. ACCID	PERATION  n, fectory, oldg., etc.)	21c. WHERE DID INJURY OCCU		(County)	YES NO K
Pe. DATE OF OPERATION 19b. MAJOR FINDINGS OF OI  1e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm  OR CONTRIBUTING   CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)	PERATION  n, fectory,			(County)	YES NO K
Pe. DATE OF OPERATION   19b. MAJOR FINDINGS OF OIL  1e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm  OF INJURY street, office be  OF INJURY street, office be  OF INJURY (Hour)   21e. INJURY  M. et work   19b. MAJOR FINDINGS OF OIL  OF INJURY street, office be  OF INJURY s	n, fectory, oldg., etc.)  RY OCCURRED Not while et work	21c, WHERE DID INJURY OCCU		(County)	YES NO K
Pe. DATE OF OPERATION   19b. MAJOR FINDINGS OF OIL  1e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm  OF INJURY street, office be  OF INJURY street, office be  OF INJURY (Hour)   21e. INJURY  M. et work   19b. MAJOR FINDINGS OF OIL  OF INJURY street, office be  OF INJURY s	n, fectory, oldg., etc.)  RY OCCURRED Not while et work	21c, WHERE DID INJURY OCCU	IR?		YES NO (State)
19b. MAJOR FINDINGS OF OI  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm OF INJURY Street, office be FETHER, NOTIFY MEDICAL EXAMINER)  1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY While et work  22. I hereby certify that I attended the deceased	n, fectory, oldg., etc.)  RY OCCURRED Not while et work  from Jan • 3	21c. WHERE DID INJURY OCCU	13 , 1956	, that I las	YES NO (Stete)
The Accident was underlying   21b. PLACE (Home, farm of RITHER)   21c. Injury street, office between the property of RITHER (Hour)   21c. Injury with etwork   22. I hereby certify that I attended the deceased alive on 2-12-56, 19, and that	n, fectory, oldg., etc.)  RY OCCURRED Not while et work  from Jan • 3	21c. WHERE DID INJURY OCCU	13 1956	, that I las	YES NO (Stete)  It saw the decease above.
19b. MAJOR FINDINGS OF OI  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm OF INJURY Street, office be FETHER, NOTIFY MEDICAL EXAMINER)  1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY While et work  22. I hereby certify that I attended the deceased	RY OCCURRED Not while et work death occurred a	216. WHERE DID INJURY OCCU	13 , 1956 causes and on the cress (Street, city, town	, that I las	YES NO (State)  It saw the deceases
Pe. DATE OF OPERATION 19b. MAJOR FINDINGS OF OIL  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm  10c CONTRIBUTING   CAUSE OF DEATH  10c IF EITHER, NOTIFY MEDICAL EXAMINER)  10d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  While  11d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  12d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  12d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY  12d. Time OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY (Month) 21	r, fectory, oldg., etc.)  RY OCCURRED of work from Jane. 3.  death occurred a	216. WHERE DID INJURY OCCU 216. HOW DID INJURY OCCU 1 1956 to Feberation the ADD Forest Hill, Md	, 13 , 1956 causes and on the c RESS (Street, city, town	, that I lass late stated a n. stete)	t saw the decease above.  DATE SIGNE 2-11-56
19b. MAJOR FINDINGS OF OIL  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm  10c CONTRIBUTING   CAUSE OF DEATH  10c FITTER, NOTIFY MEDICAL EXAMINER)  10d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)  10d. Time OF INJURY (Month) (Dey) (Month) (Dey) (Month) (Dey) (Month) (Month) (Dey) (Month) (Month) (Month) (Month) (Month) (M	RY OCCURRED Not while et work death occurred a	216. WHERE DID INJURY OCCU 216. HOW DID INJURY OCCU 1 1956 to Feberation the ADD Forest Hill, Md	13 , 1956 causes and on the cress (Street, city, town	, that I lass late stated a n. stete)	YES NO (Stete)
Pe. DATE OF OPERATION 19b. MAJOR FINDINGS OF OIL  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm of INJURY street, office be of INJURY street, office be of INJURY (Month) (Dey) (Yeer) (Hour) 21c. INJURY While will of work alive on 2-12-56, 19	ry Occurred Not while et work  from Jan	216. WHERE DID INJURY OCCU 216. HOW DID INJURY OCCU 1 1956 to Feberation the ADD Forest Hill, Md	causes and on the cress (Street, city, town	, that I lass late stated a n, stete)	t saw the decease above.  DATE SIGNE  2-11-56  (Stete)
19b. MAJOR FINDINGS OF OIL  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm  10c CONTRIBUTING   CAUSE OF DEATH  10c OF INJURY street, office to  11c CAUSE (Hour)  11c CAUSE (Home, farm  11c OF INJURY street, office to  11c CAUSE (Home, farm  11c OF INJURY street, office to  11c CAUSE (Home, farm  11c OF INJURY street, office to  11c CAUSE (Home, farm  11c OF INJURY street, office to  11c OF INJURY street, of	r, fectory, oldg., etc.)  RY OCCURRED of work from Jane. 3.  death occurred a	216. WHERE DID INJURY OCCU 216. HOW DID INJURY OCCU 1 1956 to Feberation the ADD Forest Hill, Md	causes and on the cress (Street, city, town	, that I last late stated an, stete)	t saw the decease above.  DATE SIGNE 2-11-56 (Stete)

THE REPORT OF A PROPERTY OF HEALTH-SALVEY OF THE SALVEY OF

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INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## CERTIFICATE OF DEATH

		25	
Reg.	Dist.	No. 35	

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	,
	COUNTY Baltimore MARYLAND	STATE Md. COUNTY Balt	0.
	CITY (II outside corporate limits, write RURAL OR and give nearest town) TOWN  CITY (II outside corporate limits, write RURAL (ip this place)  (ip this place)  (4445	CITY (If outside corporate limits, write RURAL end give nearest town OR TOWN Monk to M	×
	HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Road	STREET ADDRESS Carroll Load	
į	3. NAME OF DECEASED (First) (Middla) (Middla) (Type or Print) Estelle Hutchins	Pearce DEATH Feb 5	(Yeer) 19 56
		comber 1870 85 yrs. Months Doys	Hours Min.
1	done during most of working life, aven is OR INDUSTRY retired)	Taylor Beltico. Md. Cour	N OF WHAT
	John Slade Hutchins	Mary Jane Haw Kin	75
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, ng, or unk.) (If Yes, give wer or dates of service)	Tacob M. Pearce Mon	
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ERVAL BETWEEN SET AND DEATH
	422, IMMEDIATE CAUSE (A) Cardiac De	ecompensation 2	yrs .
	ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	cardio vascular disesse 3	yrs _
	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
0	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	YES	D. AUTOPSY?
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stete)
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCUR?	
55 10M	alive on 3 100 , 19 0 , and that death occurred at.  SIGNATURE NACHUT!   Case  M.D.	II.AM, from the causes and on the date stated above	
A15C 1-55	201110	ances Monkton	Md,
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  DATE 2-8-56 Mrs Howard S. Markling	125. FUNERAL DIRECTOR'S SIGNATURE JOETRESS	delle

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# HTASO SO STADFIERD STALL

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1524					eg. Dist		
1. PLACE OF DEATH		2. USUAL	RESIDENCE	(HOME) OF D	ECEASE	D	
county Baltimore	MARYLAND		arvland		Balti		
CITY (If outside corporate limits, write RURAL OR end give naarest town)	(in this plece)	CITY (It a	outside corporate	fimits, write RURAL	end give nea	rest town)	
50 TOWN Catonsville	67 yrs.	TOWN	Cato	nsville			52
HOSPITAL OR INSTITUTION OR		STREET ADDRESS			Ive location)		1
STREET ADDRESS 1937 Frederick R	oad	Appress	1037 F	rederick	Road		
3. NAME OF (First)	(Middla)	(Last)		4. DATE (Mo		(Dey)	(Yeer)
(Type or Print) WILLIAM R. H.	PEEPLES			OF DEATH	Feb	. 25.	19 56
5. SEX   6. COLOR OR   7. SINGLE, MAR	RRIED, 8. DATE	OF BIRTH	9.	AGE last birthdey	IF UNDER		IF UNDER 24 HRS
Male White (Specify) M		/ 1990		75 yrs.	Months	Days	Hours   Min.
LETA MILLOS	KIND OF BUSINESS	4, 1880	Steta or foreign o		1 12	2. CITIZE	N OF WHAT
done during most of working life, aven if	OR INDUSTRY				130	COUN	TRY?
Stationary Engineer Sta	te Hospital		Caroli:			U. S	. A.
13. FAIRER 3 NAME		14. MOTHER					
Joseph Peeples			Unknow				
	16. SOCIAL SECURITY NO.	17. INFO	RMANT & ADDI	RESS Ca	tonsv	ille	- 28, Md
(Yes, no. or unk.) If Yes, give wer or dates of service)							
(Yes, no, or unk.) (If Yes, give wer or detes of service)	214- 20-4148	Mrs.	Anna K	. Peeples		Fred	. Rd.
No I	15, MEDICAL CE		Anna K			Fred	RAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	15, MEDICAL CE		Anna K			Fred	. Rd.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  4 2  IMMEDIATE CAUSE (A)	15, MEDICAL CE		Anna K			Fred	RAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO	15, MEDICAL CE		Anna K			Fred	RAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE	15, MEDICAL CE		Anna K			Fred	RAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO	15, MEDICAL CE		Anna K			Fred	RAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	15, MEDICAL CE		Anna K			Fred	RAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	15, MEDICAL CE		Anna K			Fred	RAL BETWEEN
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OCCUPANT  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDING  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Ho OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street	18. MEDICAL CEI TOCA SAIR TOTAL GRANDERS CA S OF OPERATION		in cular D	Peeples		Fred INTER ONS	Rd.  RVAL BETWEEN ET AND DEATH  AUTOPSY?
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OCCUPANT  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDING  21e. ACCIDENT WAS UNDERLYING   OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) W	S OF OPERATION  in, ferm, fectory, in, office bldg., etc.)  in. INJURY OCCURRED hile Not while	Afancl Disex Mis-Yasa	CINAID  OURY OCCUR?	Peeples	1937	Fred INTER ONS	Rd.  RVAL BETWEEN ET AND DEATH  AUTOPSY?  NO DEATH
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDING  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Ho OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M. at  22. I hereby certify that I attended the dec alive on. R. R. L. 19 J	S OF OPERATION  when, ferm, fectory,  office bidg., etc.)  e. INJURY OCCURRED  hile  work at work  eased from 3—6	Prince Vancentia	OURY OCCUR?	(City or town)	(Cour	Fred Inter ONS  2D YES  last saved above	Rd.  EVAL BETWEEN ET AND DEATH  AUTOPSY?  NO  (State)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDING  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Ho OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M. at  22. I hereby certify that I attended the dec alive on. R. R. L. 19 J	S OF OPERATION  some, ferm, fectory, , office bidg., etc.)  io. INJURY OCCURRED hile work a work  and that death occurred a  M.D. &	21c. WHERE DID INJ.  21l. HOW DID INJ.  13306. M, for	JURY OCCUR?  TO 2 - 0  TO THE CAUSE  TH	(City or town)	(County), that I date state was, state)	Pred interiors / ONS / O	AUTOPSY? No (State)  When deceased and are signed.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (A)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDING  21e. ACCIDENT WAS UNDERLYING   OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)  M. at  22. I hereby certify that I attended the declarity on the contribution of the contributi	S OF OPERATION  when, ferm, fectory,  office bidg., etc.)  e. INJURY OCCURRED  hile  work at work  eased from 3—6	21c. WHERE DID INJ.  21l. HOW DID INJ.  13306. M, for	JURY OCCUR?  TO 2 - 0  TO THE CAUSE  TH	(City or town)	(County), that I date state was, state)	Pred interiors / ONS / O	Rd .  EVAL BETWEEN ET AND DEATH  AUTOPSY?  NO State)  Very the deceased a.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDING  21e. ACCIDENT WAS UNDERLYING   OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)  M. at  22. I hereby certify that I attended the declarity on the control of t	S OF OPERATION  week, ferm, fectory, office bidg., etc.)  ceased from 3 — 6  NAME OF CEMETERY OR  GOO'S Shephe	21c. WHERE DID INJ. 21l. HOW DID INJ. 13306. M, file CREMATORY	JURY OCCUR?  TO 2 - 1  TO MADDRES  TO L	(City or town)  25, 195  ies and on the ses (Street, city, town)  CATION (City, town)  Ellicott	(County), that I date state was, state was, state was, or county	Pred inter ons / 2D YES	AUTOPSY? No (State)  When deceased and are signed.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (A)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDING  21e. ACCIDENT WAS UNDERLYING   OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)  M. at  22. I hereby certify that I attended the declarity on the contribution of the contributi	S OF OPERATION  week, ferm, fectory, office bidg., etc.)  ceased from 3 — 6  NAME OF CEMETERY OR  GOO'S Shephe	21c. WHERE DID INJ. 21l. HOW DID INJ. 13306. M, file CREMATORY	JURY OCCUR?  TO 2 - 0  TO THE CAUSE  TH	(City or town)  25, 195  ies and on the ses (Street, city, town)  CATION (City, town)  Ellicott	(County), that I date state was, state was, state was, or county	Pred interiors / ONS / O	AUTOPSY? No (State)  When deceased and are signed.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01495

#### CERTIFICATE OF DEATH 1525

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give nearest town)
X ond give neerest town (Phoenix PO) (In this place)	or TOWN Loch Reven ( Phoenix P.O. )
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS Dulancy Valley Road	Dulaney Valley Road
3. NAME OF (First) (Middle)	
(Type or Print) WILLIAM EDWARD PEERCE	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH February 7, 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (	W STARK TEXAS
Male White (Specify) Single March	n , 1880 75 yrs. Months Days Hours Min
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired Farmer- ret. Self employed	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward S. Peerce	Laura Peerce
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service) None None	
18. MEDICAL CEI	Family Records
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
/ IMMEDIATE CAUSE (A) Carcino	ma of the lung
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
(8)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none x	YES NO X
216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, ferm, fectory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work at work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11/28/56	10 10 2/7/56 10 11.11
1/7/56 10	, 19, that I last saw the decease
alive on	
Had SIMI	ADDRESS (Street, city, town, stete)  DATE SIGNE  -1205 N Colympt Ct
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	-1205 N. Calvert St 2/9/56  CREMATORY   LOCATION (City, lown, or county) (State)
REMOVAL (SPECIFY)	copal Cemetery Long Green, Balte.Co., Md
24. REC'D BY REGISTRAR   REGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
DATE PR 10 1050 Dr. a. M. Bacon	When huma' sons Towson, Maryla

# CERTIFICATE OF DEATH

Course of the Co . I significant in the case DEBI-

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whole I tree the Sale of the court for their

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01496

# 1526 CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY BALTO, PO. MARYLAND	STATE MILE COUNTY A.	A.
	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (II outside corporete limits, write RURAL end give neeres	st town)
	OR end give pearest town)	TOWN PASA DENA	22 4 5
	HOSPITAL OR	STREET (If rural giva location)	
	90 STREET ADDRESS WAYNE CONV. HOME	ADDRESS GHARBOR Rd. B	ALSIDE Y
	3. NAME OF (First) (Middle) DECEASED (Type or Print) MARCARET K. PEPI	PLER 4. DATE (Month) OF DEATH 2/13	(Day) (Yaar) 3/5-6 19
	5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) WIOOW 3/2		YEAR   IF UNDER 24 HRS. Days   Hours   Min.
1		11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	troberiels Bauer	anna Kahn	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	,
0	(Yes, no, or unk.) (If Yes, give wer or detas of service)	- Raymond A. Har	res
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION /	INTERVAL BETWEEN ONSET AND DEATH
	(0.00000	Hom- as have	2 holes
	IMMEDIATE CAUSE (A)	14.1180816 1139	
	DISEASES OR CONDITIONS, IF ANY, (B)	Sive C. VID	
	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
0	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
	21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County	(Stete)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 2 While Not while et work et work	211. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from Jan 2	F, 1980, to 12/4/3, 1956, that I la	ast saw the deceased
	1 2 1 2		
10M	BIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
1-55 1	found mo.	3725 Frederick Our	2/12/56
0 1	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR		(State)
A15C	13 will 2/16/56 Jornain	re 13 allo. Co.	
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL BIREGTOR'S SIGNATURE	DDRESS
24	DATE 2-16-56 118 Harry 6	Ille Harn + xlow	

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BUREAU V.

FEB IL 1956



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01497

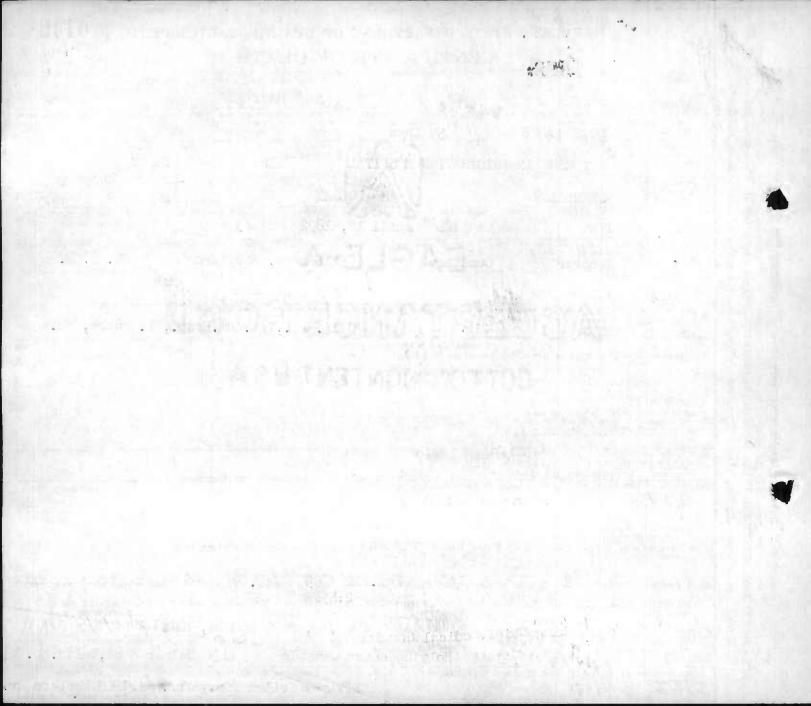
1527 CERTIFICATE OF DEATH

1/	1021 CHATHIONII	Reg. Dist.	No. 44		
olye	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):		
gil	COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	Butto		
and legibly	CITY (If outside corporate limits, write RURAL OR and give nearest town)  FORT HOWARD  CITY (If outside corporate limits, write RURAL (in this place)  (in this place)  20 Hours	CITY(If outside corporate limits, write RURAL a OR TOWN BALTIMORE	nd give nearest town)		
ly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)			
clearly	SOSTREET ADDRESSVETERANS ADMINISTRATION HOSPIT	and the same of th			
death	DECEASED: (Type or Print) WILLIAM C. PFEI	(Last) 4. DATE (Month) (E FFER DEATH:FEBRUARY	(Year) 16 19 56		
of	RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR   IF UNDER 24 HRS. Bys   Hours   Min.		
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Seaman  10B. KIND OF BUSINESS OR INDUSTRY:  Banana Boat	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?		
	13. FATHER'S NAME:	Baltimore, Maryland	U. S. A.		
write the	Charles Pfeiffer	Minnie Bartz			
Tit	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
	(Yes, no, or wik.) (If Yes, give war or dates of service) P. I. 220-07-8762	Clin.Rec., Vet. Adm. Hosp., Ft. How	ard, Md.		
please	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN ONSET AND CEATH		
	1/20./				
ns:	' IMMEDIATE CAUSE (A) DIFFUSE MIOCARDIAL FIBROSIS WITH MURAL				
sicia	ANTECEDENT CAUSE (S: CONDITIONS OF ANY. CORONARY ARTERIOSCLEROSIS				
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	T ARTER[OSOLEROSIS	UNKNOWN		
it.	(C)				
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  LOBULAR PN	EUMONIA			
d m	194 DATE OF OPERATION: 198 MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
	2		YES X NO		
ed .	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)				
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work	The state of the s			
S	VA W. I at work at the state of	30 AM 7:30 AM			
age	22. I hereby certify that XX attended the deceased from Feb15, 19 56 to Feb. 16, 19 56 that class are other deceased.				
	SIGNATURE and that death occurred at 7:30A M, from the causes and on the date stated above.				
correct	D. D. MARK, M.D. M.  23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETE	D. VAH, FORT HOWARD, MARYLAND	2-17-56		
	REMOVAL (SPECIEV)				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	vood Cemetery Baltimore, Mary	ADDRESS		
	DECACTOAD //	Vm. Cook-Blight, Inc., Harfor	VDDKESS		
		OUUY Harior	u wa, , par co.		

Vs.

MARGIN RESERVED FOR BINDING

1528 CERTIFICAT	TE OF DEATH Reg. Dist	. No. 44		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:		
COUNTY BALTIMORE MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STA	STATE MARYLAND COUNTY			
CITY (If outside corporate limits, write RURAL on and give nearest town)  FORT HOWARD  CITY (If outside corporate limits, write RURAL (in this place)  TOWN  FORT HOWARD  59 Days	AY CITY(If outside corporate limits, write RURAL	and give nearest town)		
OR and give nearest town) TOWN FORT HOWARD 59 Days	TOWN DALLITOILE	3Y01-4		
HOSPITAL OR INSTITUTION OR STREET ADDRESS ETERANS ADMINISTRATION HOSPI	STREET (If rural give location) ADDRESS 2128 ORLEANS STREET			
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) STANISLAW	DOTOUT.	Day) (Year) 9 1956		
	TE OF BIRTH: 9. AGE last birthday IF UNDER 1			
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer   10B. KIND OF BUSINESS OR INDUSTRY: Cemetery	Baltimore, Maryland U	COUNTRY?		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Valanty Polski	Mary Konikowska			
Yes, no, or upk.) (If Yes, give war or dates of service) WW I	Clin.Rec., Vet. Adm. Hosp., Ft. How	ard, Md.		
18. MEDICAL CERTIFIC	EATION	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
IMMEDIATE CAUSE (A) ADENOCARC	INOMA, RECTUM	1 YEAR		
DUE TO				
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE DUE TO				
STATING UNDERLYING CAUSE LAST. (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERAT	ION	20. AUTOPSY?		
8/16/55 Transverse Colostomy		YES NO K		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office ble if either, notify MEDICAL EXAMINER)	factory, dg., etc. INJURY OCCUR? (Coun			
TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURF While Not while at work at work				
22. I hereby certify that I attended the deceased from Dec. 12, 195, to Feb. 9, 196, that I attended the deceased from Dec. 12, 195, to Feb. 9				
MINESONOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCO	at 2:45 M, from the causes and on the date	stated above.		
TRUTHO FRANKA Acting Chief, Medical Segui	M.D. VAH, FORT HOWARD, MARYLAND	county) (State)		
DEMOVAL (CRECIEV)	emer Cemetery 4430 Belair Ros			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1529 CERTIFICATE OF DEATH

Reg.	Dist.	No. 30
DECE	ASED	

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEASE	0
COUNTY BALTO.	MARYLAND	STATE ML	COUNTY BIA	270
CITY (II dutside corporate limits, write RURAL OR and of the nearest town) 5 TOWN 7 TOWN C TO	(in this place)	CITY (It outside corpore) OR TOWN 28 M	ELROSE A	Post town)
HOSPITAL OR HOUSE IN PIL	NES	STREET ADDRESS 77	(If rural giva location)	/
3. NAME OF (First) (M) DECEASED (Type or Print) / A B E L A;	POR	(Lest) TER	4. DATE (Month) OF DEATH 2//8	(Dey) (Year) >/5 6 19
5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO (Spacily)	RCED, 8. DATE O	10//880 9.	7.5 yrs. IF UNDER Months	Days Hours Min.
	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or loraign	country) 12	COUNTRY?
13. FATHER'S NAME Dames Forter		14. MOTHER'S MAIDEN NA	AME	
(II Yes, give wer or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT & AD	record	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION 4		ONSET AND DEATH
416 X IMMEDIATE CAUSE (A) Brown	cho- Free	mond		10da.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	cardial D	conjugal	Tion	32mg
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO	in Rhyam	the from &	reky	20 % (2)
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?.
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Te. WHERE DID INJURY OCCUR?	(City or town) (Coun	nty) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, II While M. at work	Not while	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the decease alive on 2 18 1956 , and to signature  The signature of the		7.45 P. M. from the cau	uses and on the date state (Street, city, town, state)	
23. BURIAL, CREMATION, DATE THEREOF, 2/21/56	NAME OF CEMETERY OR	n Park	LOCATION (City, town, or county	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	474 11	25 FUNERAL DIRECTOR'S SI	GNATURE -	ADDRESS

ST. FROMITELE-RILLING OF BULLINGS STATE GRANT STATE CERTIFICATE OF DEATH Hosp recordi OFFICE OF STREET BUREAU V. S. FEB 83 1956 Bund 2/21/56 Fondon Park Mus Wilfrom

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# 0

# 1531 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	0 1
DACIIMORE MARYLAND	STATE MARYLAND COUNT	Buco.
OR give nearest town)	CITY (II outside corporate limits, write RURAL and gi	ve nearest town)
TOWN Orber 1/Aurs	TOWN Eural-15allo Mil	X
HOSPITAL OR INSTITUTION OR 6 900 Belair Pd.	STREET ADDRESS 69 00 Bulan Rd	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print)   DenThu   Oella	Punte OF DEATH 2	18 1956
6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months 7eb 7.1886 7 0 yrs.	1 year   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry	I sulle co. md.	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME D. Pal	Eliza June ousend	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS 4 -4129	Martin ane.
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Conconary Ge	eliession	5-10 min
Immediate cause (a) Corton au	- wszośn	3 TO THUSE
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause	ny disease	Sevys.
stating the underlying cause last (c) Cardior Fail	lune-compensated	Sevyy.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Q		Yes No D
21. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □   PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m.	HOW DID INJURY OCCUR?	
The state of the s		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deced	used died on the day stated above and death in my	from the evidence
from: natural causes of accident suicide homicide	undetermined	opinion resuited
SIGNATURE C. the sml (Degree or title)	ADDRESS	DATE SIGNED
April 7527	O Dilar Rd	2-18-16
Burial Feb. 21, 1956 M. Olive	M. E. LOCATION (City, town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 19.19.20 Mg. On The Manager Land	Janalya Timeral Home - 7401	ADDRESS
- July 17 1 6 COMO HOLL Mallanelle	XCOSTAN MIMERICANUM 1901 (	resall vict

BUREAU V. E. PECEIVED

ecuted within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death-certificate be The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1532 CERTIFICATE OF DEATH

Item 12, FilmG192 2-10-56 et			2. USUAL RESIDE	NCE (HOME) OF D	ECEASED			
COUNTY Balti	more	MARVIA		STATE Mary	Land COUNTY	Balti	imore	
CITY (If outside corporate I		MARYLA		011110	porata limits, write RURAL			
OR and give neerest town		(in this ple	ce)	TOWN Park	rillo			V
HOSPITAL OR	Caronzyllie			STREET		va location)		^
	743 Edmondson	Avenue		ADDDECC	Harford Roa		613	
3. NAME OF DECEASED	(First)	(Middle)		(Lest)	4. DATE (Mo	nth)	(Day)	(Year)
(Type or Print) Ch	ristian		F	lau	DEATH	Februar	ry 5th	1 19 56
5. SEX   6. COLOR		IED,	8. DATE O	F BIRTH	9. AGE last birthday	IF UNDER 1	YEAR IF U	INDER 24 HRS
RACE	e WIDOWED, DI'	VORCED,	Ten	15, 1884	72 yrs.	Months	Days H	lours Min.
male   whit		ND OF BUSINESS		11. BIRTHPLACE (Stele or for		1 12.	CITIZEN OI	WHAT
done during most of workin-	g life, even il Of	RINDUSTRY	5053			77	COUNTRY	
retired	Tool Designer	PEAR NEWSTA		Germany		1 0	.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
August Rau				Sophia				
15. WAS DECEASED EVER IN U		6. SOCIAL SECUI	RITY NO.	17. INFORMANT &	ADDRESS			
(Yes, no, or unk.) (If Yes, give	wer or detes of service)		NO. N. WARRY SERVICE.	Mr. James	s Kotschenre	uther.	8310	Harfor
		18. MED	ICAL CER	TIFICATION			INTERVAL	ND DEATH
I DISEASES OR CONDITIONS D	DIRECTLY LEADING TO DEATH	11	-	4	/.	/	OHSEI A	NO DEATH
4 IMMEDIATE CAU	SE (A)	KOK	Zeella	raine Card	wasen	lan		
ANTECEDENT CAU				0 1.			01	u.
DISEASES OR CONDITIONS, IF	CALISE		ina	1 aligen	()		1	na,
STATING UNDERLYING CAUSE	LAST. DUE TO						0	
II OTHER SIGNIFICANT CONDITI	(C) ONS CONTRIBUTING							
TO THE DEATH BUT NOT RELA	TED TO THE	0	NEI	NA PECT	-1 1-1.C			
DISEASE OR CONDITION CAU	196. MAJOR FINDINGS		1001	120	9/0/4.		20. AL	JTOPSY?
TO STATE OF STATE OF							YES 🗌	NO Z
218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF	DEATH   OF INJURY street,			Tc. WHERE DID INJURY OCC	UR? (City or town)	(County	1)	(State)
21d. TIME OF INJURY (Month)	(Dey) (Yeer) (Hour) 21a Wh	INJURY OCCUR	while	211. HOW DID INJURY OCC	UR?			
		7	Cris Control		1	-		
22. I hereby certify t	A							e deceased
	.5, 19.5.4, and	that death o	occurred at				above.	
SIGNATURE	1 mo	1		ADI	DRESS (Street, city, toy	vn, state)	DAT	E SIGNED
In Tu	8004119	ay.	M. D. 6	014 Edmon	dam Ul	e F	26.5	1956
23. BURNAL, CREMATION,	DATE THEREOF	NAME OF C	EMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)		(State)
Burial	2/8/1956	Park	book (	Cemetery	Baltimor	e. Mary	vland	
24. REC'D Y REGISTRAR	REGISTRAR'S SIGNATURE	. /		25. FUNERAL DIRECTOR"	S SIGNATURE	A	DDRESS	
4-1	105-1- 8	01		Leonard J. H	פייסוב ביסוב ש		D	41-1

SLAFFLAND STAFF DEVALUATION OF MEASURE SALTIMORE, 13

# CERTIFICATE OF DEATH

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BUREAU V. S.

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STREET OF

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every

VS. A15-10-53

item of information carefully.

# 0150344 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1533

Reg. Dist. No.

Walter Bush Bushy, Quelalk, Myd

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	COUNTY BALTO. MARYLAND	STATE Md. COUNTY BALTO.
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
and	OR and give nearest town) TOWN SUPRROWS POINT (19) (in this place)	TOWN SPARROWS POINT (19) X
	HOSPITAL OR	STREET (If rural give location)
clearly	INSTITUTION OR STREET ADDRESS 1027 H ST.	ADDRESS 1027 H 5%
cle		Last)   4. DATE (Month) (Day) (Year)
death	DECEASED: (Type or Print) MARY HANNAH RE	DMOND OF DEATH FEB. 26, 1956
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRS.
of	F. W. (Specify) WIDOWED F68. 1	13,1872 84. yrs. Months Days Hours Min.
causes	IOA. USUAL OCCUPATION (Give kind of OR KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
can	eventil retired EMI SE	PENNA. U.S.A.
the	even if retired wise NOME	14. MOTHER'S MAIDEN NAME:
e t	THOMAS MELVILLE	MARY MECARRAN
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: WEST CHESTER
	(Yes, no or unk.) (If Yes, give war or dates of service)	MRS. BERTHM SIMON - PENNM.
please	18. MEDICAL CERTIFICATI	THE DEIWELL
р	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
800	420.0 IMMEDIATE CAUSE (A)	rous I mondosis Immediate
iar	ANTECEDENT CAUSE (S)	1 ++ 1 1 1 1 1 2
Physicians	DISEASES OR CONDITIONS, IF ANY. (B) Hy serten	sive Anteriorclarke pent page 20 years.
Phs	STATING UNDERLYING CAUSE LAST. DUE TO	+
	(C) Jenili	Ly.
an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1 4 44
ort	DISEASE OR CONDITION CAUSING DEATH.	chopulumonia
mp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
O	the subsection of the second financial section is	YES NO
eciallyoimportant	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing Cause of Death of Injury street, office bldg., of the contribution of	ory. 21c. WHERE DID (City or town) (County) (State)
espe	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
-	OF INJURY While at work Not while	
	22. I hereby certify that I attended the deceased from hely.	15 105/ to Mhuse 16 10.35 that I lost now the deceased
age		
	alive on Louis 29, 1956, and that death occurred at	M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
correct	D. O Quene	Si Ri 21- 1 2/2/
cor		RY OR CREMATORY   LOCATION (City, town, or county) (State)
	PREMOVAL (SPECIFY) 2-29-56 GAK LA	NO MEST CHESTER DELLA
		V 1/2 MIES DI WITE II WILL V V 1 × 1   1   1   1   1   1   1   1   1
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS



BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1534

## CERTIFICATE OF DEATH

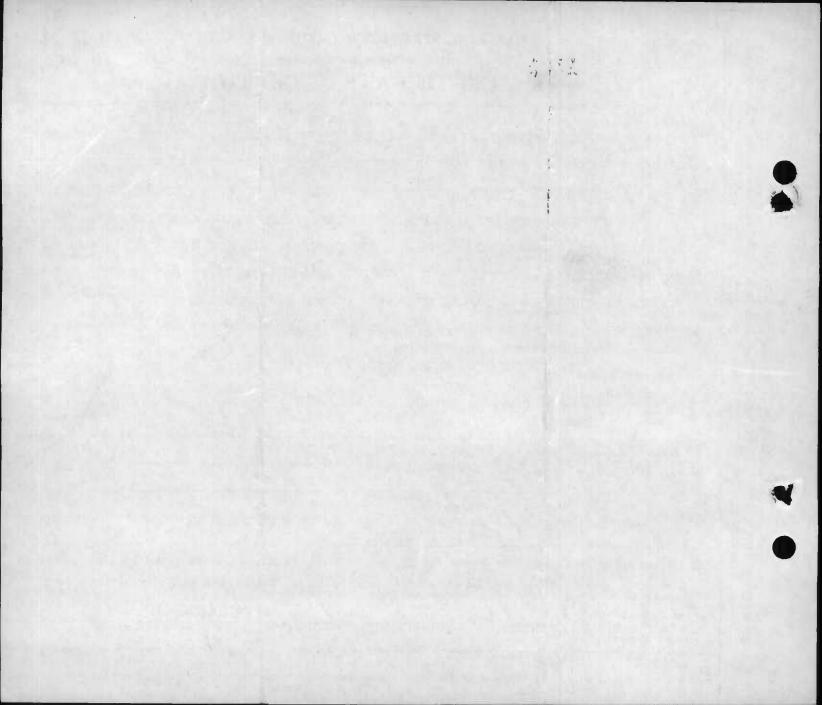
Reg. Dist. No.....

****					
1. PLACE OF DEATH COUNTY Ball			2. USUAL RESIDENCE (	HOME) OF DECEASED	COUNTY
Das	timore Co.	MARYLAND	Marylai	nd Balt	COUNTY IMOTE
CITY (If outside co	rporate limits, write RUR.	AL and LENGTH OF STAY (in this piace)	OR CITY (If outside corpor	ate limits, write RURAL	and give nearest town)
TOWN TOWN	estion on +		TOWN		52
HOSPITAL OR			STREET ADDRESS FROC	(If rural, give loc	
INSTITUTION OF STREET ADDRESS	s 5706 Edmo	nston Ave.	5706	Edmonston	Avenue
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mor	nth) (Day) (Year)
(Type or Print)	HILDA	LOUISE REGAN		DEATH 2-	5-56 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		If under 1 year   If under 24 hrs
Female	White	WIDOWED, DIVORCED, (Specify) Married	1899	56 ул.	Months   Days   Hours   Min.
10a. USUAL OCCUPA	TION (Give kind of work		11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of w	orking life, even if retired)	IOb. KIND OF BUSINESS OR INDUSTRY, Home	Baltimore	. Md.	COUNTRY
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
Johr	Kirchner		Mary Winter		
15. WAS DECRASED EX	ER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY No.	17. INFORMANT AND		
(Yes, no, or unknown)	(If yes, give war or dates service)		Mr. F.L.Rega	an-5706 Edm	onston Ave
		18. MEDICAL CE	RTIFICATION		
I DISPASES OF CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES ON CO	/	7	1 0.		10 m. m
Immediate		- accinoma	of Brum		Imorries
Immediate	cause				
Anteceder			U		
	onditions, if any, (b)	.000	***************************************		
	nderlying cause last				
	(e)				
Conditions contribu	CANT CONDITIONS	ıh.			
related to the diseas	RATION   19b. MAJOR	FINDINGS OF OPERATION			1 20. AUTOPSY?
ISB. DATE OF OLD					Yes No No
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (CO	OUNTY) (STATE)
SUICIDE HOMICIDE	OF INJ	office bldg., etc.) JRY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CCUR?	
OF INJURY	m.	Work At work			
		819		1057	I last saw the deceased
	ify that I attended th	,	7 1		
alive on!	26 1956 0	nd that death occurred at	1:30 / m. from the	causes and on the	date stated above.
SIGNATURE	) , , , , , , , , , , , , , , , , , , ,	(Degree or title)	ADDRESS		DATE SIGNED
CO A	· la lle	1410 21130 2-1-	de . M. an	20100 20	200
Coled 1	Upalleson	11/01 0 6000	luikaus 12	sermu ag	alex
23. BURIAL, CREM REMOVAL (Spec	ATION   DATE THERE	OF NAME OF CEMETE	CRY OR CREMATORY	LOCATION (City, town	
REMOVAL (Spec	2-8-5		the land	Balto. Ci	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE / _	21. FUNERAL DIRECT	OR	ADDRESS
7 REG. 19	5/ /1-/1	Hedrich	Fred	A. Cole	
1-1-1-1		RE.	1913	W. Baltimo	re St.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



OK HOSPITAL: The law requires that the death ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1395	CERTIFICAT	E OF	DEATH
------	------------	------	-------

COUNTY Baltimore MARYLAND STATE Md. COUNTY Balto.  CITY (If outside corporate limits, write RURAL OR end give neerest town)  TOWN Arbutus Life COUNTY Balto.  CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus  TOWN Arbutus
OR end give neerest town) (in this place) OR TOWN Arbutus  Life OR TOWN Arbutus
7 TOWN Arbutus Life TOWN Arbutus
HOSPITAL OR STREET (If rural give location)
INSTITUTION OR ADDRESS
STREET ADDRESS 5514 Carville Ave 5514 Carville Ave
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED
(Type or Print) Tillie Rehling DEATH Feb. 26 19 5
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTH   9. AGE lest birthday   IF UNDER 1 YEAR   IF UNDER 2
RACE WIDOWED, DIVORCED,  (Southful and A Company of the Company of
F. W. (Specify) Widow Apr. 19, 1876 79 yrs. Months Days Hours
IDe, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT
refired) H.W. O.H. Balto.Md. U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Hucksoll
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or deles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  5514 Carvil
220-07-3598 Mrs Myrtle Karweick. Av
18. MEDICAL CERTIFICATION INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH . ONSET AND DEA
445X IMMEDIATE CAUSE (A) / Puper conside (1. A. C. V.)
ANTECEDENT CAUSE(S) DUE TO
DISFASES OF CONDITIONS IF ANY IRI
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO
(C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY
YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. NJURY OCCURRED   21f. HOW DID INJURY OCCUR?
M. et work et work
22. I hereby certify that I attended the deceased from 2/12, 1953, to 2/20, 1956, that I last saw the dece
alive on
SIGNATURE   ADDRESS (Street, city, town, state) DATE SIG
John 6 Waly M.D. Halethouse mx 21881
23. BURIAL, CRÉMATION. I DATE THEREOF I NAME OF/CEMETERY OR CREMATORY (LOCATION (City, town, or county) (5)
REMOVAL (SPECIFY)
Burial   Feb. 29/56   Western Cemetery   Balto.Md.
24. REG'D BY REGISTRAR REGISTRAR'S SYNATURE ADDRESS
DATE Mar. 1, 1956 In. Seo. S. M. Lufer Harrist. W. To 160 A101 Edmondson As

BILLINGASTEAS HYLARS TO TROMTEA GOT STATE CURLITER M

CERTIFICATE OF DEATH

SHEATSAND.

BUREAU V. S.

3281 I AAM

GECEINED

M

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1535 CERTIFICATE OF DEATH

RE, 18 01506
Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECE	ASED:
COUNTY Baltimore	MARYLAND	STATE Mar	yland COUNTY (	City
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY	CITY(If outside	corporate limits, write RUR	
OR and give nearest town)	(in this place)	OR TOWN Dat	Admana Varmland	2 / 1
HOSPITAL OR	and   85 yrs.	STREET	timore, Maryland	tion)
INSTITUTION OR		ADDRESS	(11 1010) 5110 1000	/
12 STREET ADDRESS Rosewood Sta	te Training Sche		3 Grace Court	V
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Evelyn	Beatrice	Riggins	OF DEATH: Februs	ry 7th, 19 56
5. SEX:  6. COLOR OR  7. SINGLE,	MARRIED, 8. DATE	Riggins of BIRTH:	9. AGE last birthday IF UND	ER I YEAR IF UNDER 24 HRS.
female   RACE: WIDOWE (Specify):	D. DIVORCED.	/30/37	ng yrs. Month	Bays Hours Min.
IOA. USUAL OCCUPATION (Give kind of 108		11. BIRTHPLACE	(State or foreign country):	12 CITIZEN OF WHAT
work done during most of working life. even if retired):	OR INDUSTRY:			COUNTRY?
never worked		Baltimore	, Maryland	U.S.
13. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:	
Otis Brice Riggins		Evelyn	Virginia Claytor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Virginia Claytor & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	none	Rosewood	Records	
	8. MEDICAL CERTIFICAT			INTERVAL BETWEEN
753 MMEDIATE CAUSE		of brain wit	h central respi	onset and death
STATING UNDERLYING CAUSE LAST.			hemorrhage symptomatic epi:	Lepsy
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	ATH. Tuberous sc.		epsy, Hemiplegia	1,left
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	N		20. AUTOPSY?
2 none	Section 1			YES NO
	B. PLACE (Home, farm, fact INJURY street, office bldg., NONE	etc. 21c. WHERE	DID (City or town) (	County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M.	While Not while at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the	e deceased from 2/6	, 1956, to	2/7 , 1956, that I	last saw the deceased
alive on 2/7/, 19.56, and signature & Butte	Wmo. M	D. Chowy	Mills med	87EL 56
Burial 2/11/56		ery or cremetor	Fork, Md.	n, or county) (State
DATE REC'D BY LOCAL   REGISTRAR'S REGISTRAR'S	SIGNATURE	FUNERAL I	Vickned & S	ous ball m
	1	72.	22000-1400-2500	

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VS A15C 1-55 10M

2-9

## 1536 CERTIFICATE OF DEATH

Item 2. FilmG192 2-17-56 et	Item 8. Film	G192 2-20-56 et	Re	g. Dist. No	
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DE	BAILS.	31/1.4
COUNTY Balto.	MARYLAND	STATE Md.	COUNTY	1111	
CITY (If outside corporete limits, write RURAL OR end give nearest town) TOWN TOWSON	LENGTH OF STAY	CITY (If outside corpo OR TOWN	A/Toytoph B		, 18
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stella Maris Hosp	ice	STREET ADDRESS POT	reenwade rural gives pring/Rd//P	location)	77 ft V
3. NAME OF (First) ( DECEASED (Type or Print) Cecilia	Middlə)	(Lest) Riley	4. DATE (Moni		(Yeer)
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, BY (Specify)		E OF BIRTH 3/4/77 1874	9. AGE last birthday 81 yrs.	Months Days	Hours   Min.
	D OF BUSINESS	Balto. Md.	ign country)	12. CITIZE COUN	N OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Patrick Riley		Ann By:	rnes		
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18 MEDICAL C	ERTIFICATION	0		RVAL BETWEEN SET AND DEATH
IMMEDIATE CAUSE (A)	ulm	snow C	clems	× /	O Nes.
ANTECEDENT CAUSE(S) DUE TO	1-	18	0		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	persons	une fla	eded-		
STATING UNDERLYING CAUSE LAST. DUE TO	10-	010-	· D.	- /	10011
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	must	y reces	a Our	care (	7
DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20	D. AUTOPSY?
				YES	□ NO □
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	offica bldg., etc.)	21c. WHERE DID INJURY OCCU		(County)	(Steto)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. Whill M. at w.		21f. HOW DID INJURY OCCI	JR?		
22. I hereby certify that I attended the decea	sed from O	1954, 10 /	Chura 1256	that I last sa	w the deceased
1 . 1		at	/ -	late stated abov	
BIGNATURE OF THE	101	7561-1	P O	A/12	13/0/7
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town	n, or county)	(Stele)
REMOVAL (SPECIFY) Burial 2/II/I956	Cathedral		Baltimore		21
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	od onedrai	2S. FUNERAL DIRECTOR'S		ADDRESS	
It is east mobile he	4.4	Flynn6Flemin			

# HTANG TO NIADRITURE OF DEATH

AM SET SON

CALL TO SELECT THE THE PERSON OF THE PARTY AND ADMITTAL ATTACHED BY STATE OF STREET

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1929 T # 1929



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NTASO NO STADININEO

BALTO. CATOUSUILLE 1 FR EATOUSUILLE

CATEUSUILLE CENU HEME

EATERSUILLE CEN C. HOME

ME

HARRY THOMAS PRILEY 2/1/56

Contrade Aside agents

BALTE.

2/27/1890 65 Bullolo. Water Weefor

HOSP. PEECORDS

A .V UASAUS

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VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 1538

01510

Reg. Dist. No. 38

i. PEACE O	DEATH				Z. OSONE RESID	t .				
COUNTY	Baltimore		STATE New	Coomi						
OR and g	tside corporete limits, wi give nearest town)	ite RURAL	LENGTH OF		OR	rporete limits, write RURAL e	nd give n	earest town		
Y TOWN	Rux	ton				oklyn		-69	X - 3	
HOSPITAL OF		on Nursi	ng Home		STREET ADDRESS	(If rurel giv		1)		1
90 STREET ADDR		uxway			ADDRESS 517	72nd Stre	et	2000		V
3. NAME OF DECEASE			(Middle)		(Last)	4. DATE (Mon	th)	(Dey)	{Ye	er)
(Type or Print)	1	Leon	S.		Rivers		ebru	ary 5	th 19	56
5. SEX	6. COLOR OR	7. SINGLE, A	AARRIED, D, DIVORCED,	8. DATE	OF BIRTH	9. AGE lest birthdey	IF UND	ER 1 YEAR	IF UNDER	24 HRS.
male	white		dowed	May '	7. 1875	80 yrs.	Months	Deys	Hours	Min.
10e. USUAL OCC	UPATION (Giva kind o	work 10b	. KIND OF BUSINESS		11. BIRTHPLACE (State or fo	oreign country)		12. CITIZE		AT
done during retired)	Machinist	van if	OR INDUSTRY		Brooklyn, Nev	y York		COUN	SA	
13. FATHER'S NA					14. MOTHER'S MAIDE					
Aumst	us H. Rive	re			Elizabeth S	Stevenson				
	SED EVER IN U. S. AR		16. SOCIAL SECU	URITY NO.	17. INFORMANT 8					
(Yes, no, or unk.)	(If Yes, give wer or	dates of service)	District Control of the	d	Mra C 1	L. Sommers, 7	15 H	illen	Road	1
				DICAL CE	RTIFICATION	d. Donanca by 1		INTE	RVAL BETY	WEEN
	CONDITIONS DIRECTLY	LEADING TO DE	ATH /	1 +	1 4 1			ON	SET AND D	DEATH
420.0 IN	MEDIATE CAUSE	(A)	Exterio se	livolu	heart dis	earl	- 1	n	ins	
ANT	TECEDENT CAUSE(S)	DUE TO	2	1-1	+ /	7		0		
CRUMIC DICE TO	ONDITIONS, IF ANY, THE ABOVE CAUSE	(B)	Denera	legte	allnosic	iosia		-4	an	
STATING UNDER	LYING CAUSE LAST.	(C)		0				0		
	CANT CONDITIONS CO	NTRIBUTING						_		
	BUT NOT RELATED TO ONDITION CAUSING DI									
19a. DATE OF OF			NGS OF OPERATION	1					AUTOP:	_
									NO	
OR CONTRIBUTING	WAS UNDERLYING DEATH MEDICAL EXAMINER)	OF INJURY st	(Home, farm, fectory reet, offica bldg., etc.	(;	21c. WHERE DID INJURY OCC	CUR? (City or fown)	(Co	unty)	(State	»)
21d. TIME OF INJ	URY (Month) (Day)	(Yaar) (Hour)		RRED while work	21f. HOW DID INJURY OCC	EUR?				
22. I hereby	y certify that I	attended the c	deceased from	Jan 3	7, 19.56, to	ul- , 19.56	, that	I last sa	w the de	ceased
alive on	Feb- 4	19.5.6	and that death	occurred a	t. 1.2. 20 AM, from the	causes and on the c	date stat	ted abov	e.	
SIGNATU	JRE / O A/	2			AD	DRESS (Street, city, town	n, stete)		DATE SI	GNED
2	mol OB	roun }	W	M.D.	101 M. Cal	red ST		7	16,	1951
23. BURIAL, CRE REMOVAL (S	MATION, DA	TE THEREOF	NAME OF (	CEMETERY OF	CREMATORY	LOCATION (City, town			1	State)
Buria	el Fe	b. 7. 19		impre	National Cem.	Baltimo	re,			
24. REC'D BY RE	GISTRAR REG	SISTRAR'S SIGNA	TURE /	1	25. FUNERAL DIRECTOR			ADDRESS		
DATE 7	156 10	Wkedu	ch/tu		Leonard J. F	luck, 5305 Ha	rfor	d Roa	d #11	1
		Mrs. 0	nabel Er	aya						

BE EROMITIAN HTJARH TO THEMTRADED STATE CHALVEARY

HTASE OF STADISTICATE OF DEATH Soc. Dist. No.

CATALON DE LA BITALO MANAGEMENT TO THE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

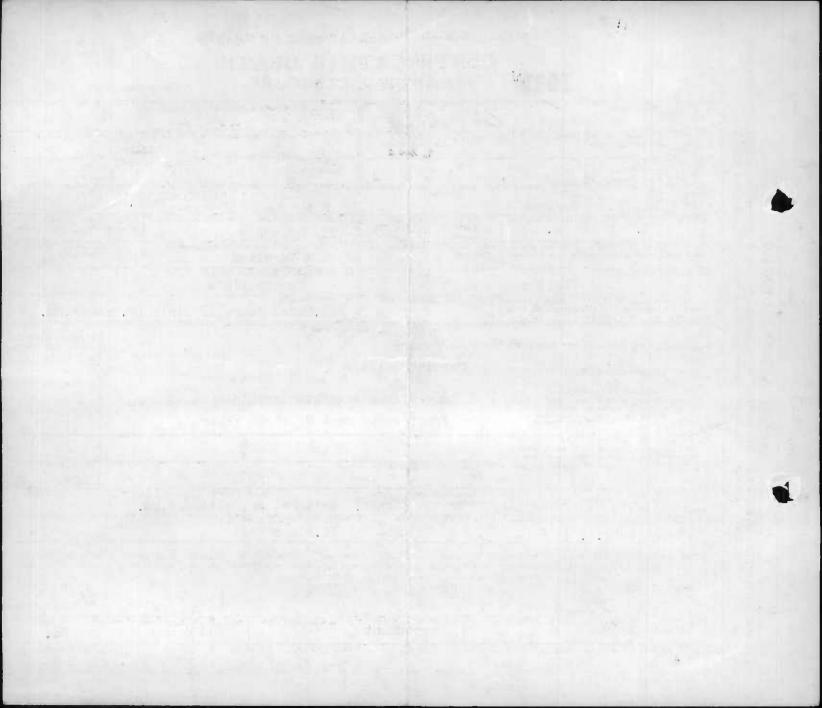
1539

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

01511

Reg. Dist. No ..

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY Catenswill? CITY (If outside corporate limits, write RURAL and OR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) give nearest town) (In this place) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS 3. NAME OF 4. DATE Febr. (Middle) (Last) (Year) DECEASED Corinne R • c he (Type or Print) DEATH 19 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE last birthday If under I year | If under 24 brs. WIDOWED, SINGLED, (Specify) Months ( Days 11/26/1874 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA done during most of working life, even If retired) INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Roche Medora Lints 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of Mrs. Ethel Beary, 12 Dixie Dr. Towson, Md. service) none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cardiac Failure Immediate cause Antecedent cause(s) Generalized Arteriosclerosia Diseases or conditions, if any, glving rise to the above cause stating the underlying cause last Fracture of neck of right femur II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes T No f (CITY OR TOWN) (COUNTY) 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING office hldg., etc.) Catonsville. Baltimore. Md. hospit CAUSE OF DEATH. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not while Pt.had a fall 1956 Febr.6. work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔲, Inquiry 🏋 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident suicide, homicide, undetermined. DATE SIGNED SIGNATURE 1956 23 BURIAL CREMATION DATE THEREOF LOCATION (City, town, or county) NAME OF CEMETERY (State) REMOVAL (Specify) al timore Md. ADDRESS 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL Paul Stree



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### 1540 CERTIFICATE OF DEATH

eg. Dist. No. 30

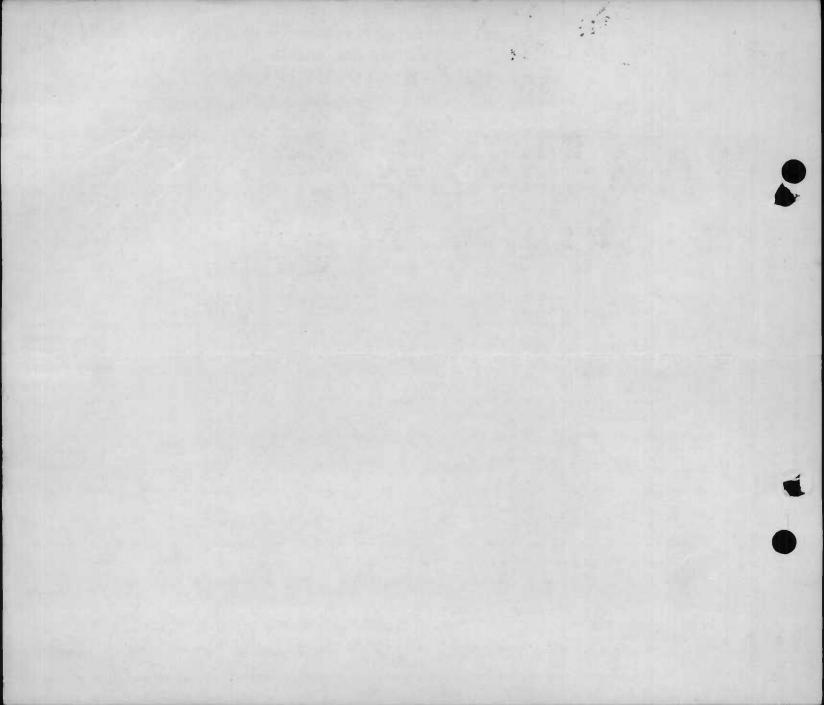
7010		
I. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
OR give nearest term SVIlle (in this place)	CITY (II outside corporate limits, write RURAL and giv OR Baltimore	e nearest town)
HOSPITAL OR INSTITUTION OR House in Pines Nursing H	omodress 511 N. Streeper St.	V
3. NAME OF (First) DECEASED (Type or Print) JULIUS CHRISTIAN ROHRBAC	DEATH	956 (Year) 19
Male   6. COLOR OR RACE   7. SINGLE, MARRIED, Wildows Divosep, (Specify)	July.19.1880 75 yrs   Months	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR DONE TO THE BUSINESS OR DONE TO	Baltimore Md.	COUNTANT SA
Wilhelm Rohrbach	14. MOTHER'S MAIDEN NAME Not Known	
15. Was Decreased Ever In U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of legrico)	Julius Rohrbach Jr.	
18. MEDICAL CEI	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
Immediate cause (a) Coronery The	202-bosis	ONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	ur Cardio-Vasculer Discase	15 91.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
		Yes D No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2 - 2		
alive on, 1955, and that death occurred at Z: SIGNATURE (Degree or title)	45 A. m., from the causes and on the date str	ated above. DATE SIGNED
Wilmil. Jallager Mits 620.		1. 2/5/56
	k Cemetery   Baltimore Md.	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HENRY SANDER & SONS.INC.	ADDRESS

VS. A15

The correct ag

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1396

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
COUNTY Balto, MARYLAND	STATE Md. COUNTY Balt	.0.
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Arbutus  LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN Arbutus	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5510 Willys Ave.	STREET (If rural give location) 5510 Willys Ave.	-/-
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ANNIE E: ROLOR		12 (Year) 19 56
female white WIDOWED. DIVORCED. (Specify): married Sept.	OF BIRTH: 9. AGE last birthday IF UNDER 1	Hours Min.
work done during most of working life, even if retired):Housewife at home	Md. 14. MOTHER'S MAIDEN NAME:	COUNTRY?
13. FAITER 3 NAME:		
Elicaslow	Annie C. Bortner	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Henry A. Roloff Sr5510	Arbutus Willys Ave.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	deter mellar	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION CAUSING DEATH.	Cupil Corcers	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N /	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
REMOVAL (SPECIFY)	902PM, from the causes and on the date	stated above. TE SIGNED
Burial 2/15/56 Glen Haven DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	1724. FUNERAL DIRECTOR	ADDRESS MA

VS. AID — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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VS. A15

01515.

1387

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE STATE Maryla		COUNT	Balt:	imore
CITY (If outside corporate limits, write RURA OR give nearest town) town Tundalk, Maryla	(in this place)	OR TOWN Dunda	lk. Mary	URAL and giv		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3488 Dunha	ven Road	STREET ADDRESS 3488	(If rural, gi	ve location) Road		1
3. NAME OF (First) DECEASED DECEASED	(Middle)	(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print) Bronislawa  5. SEX   6. COLOR OR RACE	7 SINGLE MARRIED	Zakowski 18. date of Birth	DEATH 9. AGE last birth			1906
Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W100WEQ	1884	72 ,	Montha	Days Ho	ours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business on Industry Housewife	Poland	or foreign country)	12	COUNTRY!	OF WHAT
13. FATHER'S NAME	210000000000000000000000000000000000000	14. MOTHER'S MAIDE	N NAME			
Ignatz (L.N. Unknow	n)	Catherine	Wolkiewe	ÇZ		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS 3	4co Du	mhave	n ha,
(Yes, may or unknown) (If yes, give war or dates of service)		Frank Ruzak	owski. I	undalk	, 22-	- Md.
	18. MEDICAL CE	RTIFICATION			1	
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH	//				ND DEATH
450.0	More Auic	War L.			1	1).
Immediate cause (a)	The act proce	in com 1880		** *** *******	60	eay )
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	he fee o scleros	is - Senl.	***************************************		?e i	12-
II. OTHER SIGNIFICANT CONDITIONS					1	
Conditions contributing to the death but not related to the disease or condition causing death					200	123
19a. DATE OF OPERATION   19b. MAJOR FI	INDINGS OF OPERATION				20. AUT	ÓPSY?
					Yes [	No 🗆
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STA	ATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?			
22. I hereby certify that I attended the	"	i ist.				
signature (19.2), and	that death occurred at	ADDRESS	e causes and on	the date st		ve. SIGNED
23. BURIAL, CREMATION DATE THEREO. REMOVAL (Specify)		The state of the s	LOCATION (City,			(State)
Burrar 12/1/30	Holy Rosa	'V	Baltimore	, Mary		
DATE REC'D BY LOCAL REGISTRAR'S S	WIL WIL	24. FUNERAL DIRECT	lessouski.	10010	Dun	lack a
1000	This delly			Balt.	24,1	met.

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

					HEALTH—BALTI	MORE,	18	01	516
•	154	CEF	RTIFICATE	OF	DEATH	Reg.	Dist.	No.	4
		*							-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY 36	LTO.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL s	
OR and give nearest town) (in this place)  TOWN FORT HOWARD 9 Days	TOWN BALTIMORE (19)	_
HOSPITAL OR	STREET (If rural give location)	7
SOSTREET ADDRESS VETERANS ADMINISTRATION HOSPIT	AL 3016 SPARROWS POINT ROA	D
3. NAME OF (First) (Middle) (I	Last)   4. DATE (Month) (]	Day) (Year)
OECEASED: (Type or Print) RICHARD FILLMORE S.	ANDERS OF DEATHFebruary	
	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	10 /
MALE WHITE (Specify) MARRIED 3-24-	.93 : 62 yrs.	ays Hours Min.
work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired) ERECTOR STEEL COMPANY	Richmond, Virginia	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Mell Sanders	Catherine Marks	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   44. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yes, no, or unk. (If Yes, give war or dates of service) WW-1	Clin.Rec., Vet. Adm. Hosp., Fort He	oward, Md.
18. MEDICAL CERTIFICATIO	ON	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) BRONCHOGENIC	C CARCINOMA RIGHT LUNG	UNKNOWN
ANTECEDENT CAUSE (S) XOUNCER WITH METASTA	ASIS TO BRAIN	
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2		YES NO
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., e (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
M.   at work □ at work □		
22. I hereby certify that VA attended the deceased from Feb.		
MANUSCONDO COCO COCO and that death occurred at		stated above.
SIGNATURE		E SIGNED
		12-56
REMOVAL (SPECIFY)	RY OR CREMATORY   LOCATION (City, town, or DIONAL CEMETERY BALTIMORE, MAR	
	Walter prooks Bradley Funeral	ADDRESS

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the registrar within 72 hours after death. After this in by the funeral director, the third cogy of this

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01517

# 1338 CERTIFICATE OF DEATH

Reg. Dist. No. 4

I. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEAS	ED
COUNTY BALTO	MARYLAND	STATE Med COUNTY B	PLTO
CITY (II outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give n	neerest town)
53 TOWN DUNDALL	(in this place) 25	TOWN DUNDALK	22) 53
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3009 DVN BRI	N Kd:	STREET ADDRESS 3009 DUNBRIN	n) R4
3. NAME OF DECEASED (Type or Print)  MELVIN	CHORGE S.	ANDLER 4. DATE (Month) OF DEATH 2-/	(Cay) (Year)
5. SEX 6. COLÔR OR 7. SINGLE, MA WIDOWED, (Specify)	ARRIED SEPT	F BIRTH 9. AGE lest birthday IF UND Months  yrs.	Days Hours Min.
done during most of working life, even il retired 200 E12	KIND OF BUSINESS OR INDUSTRY	11. BIRTYPLACE (State or foreign country).	12. CITIZEN OF WHAT COUNTRY?
ANDREW E. SAI	VDLER	CATHARINE HOHM	AN!
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or which (If Yas, give war or datas of service)	16. SOCIAL SECURITY NO.	MILDRED HISANDLE	Rasame
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CER	TIFICATION	ONSET AND DEATH
420. IMMEDIATE CAUSE (A)	Colonary	Thrombosis	Iwich
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE BOVE CAUSE TATAING LINDER UNDER CAUSE CAUSE TO THE BOVE CAUS	milel Az	pertension	3 movilles
STATING UNDERLYING CAUSE LAST. (C)	Lesita ,		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19e. DATE OF OPERATION   19b. MAJOR FINDING	GS OF OPERATION		20. AUTOPSY?
			YES NO
218. ACCIDENT WAS UNDERLYING   21b. PLACE (H OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	oma, lerm, factory, ot, office bidg , atc.)	Pic. WHERE DID INJURY OCCUR? (City or town) (Co	ounty) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)	tie. INJURY OCCURRED While Not while twork at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the de		1956, to 2-16, 1954, that	
alive on	nd that death occurred at		ited above.
Europe & Nover	M.D. W	ADDRESS (Street, city, town, state)	DATE SIGNED
23. BURIAL CREMATION, DATE THEREOF THE	NAME OF CEMETERY OR	CREMATORY CATION (City, town, or country)	Carlo (State)
24. REC'D BY REGISTRAR REGISTRAY'S SIGNATURE OF THE STATE	IRE SM-K. W.	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS WHOLL AND
The state of the s	7	1	I TOPIA

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law requires that the death

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1543 CERTIFICATE OF DEATH

01518

7 15	20				R	eg. Dist	. No		
1. PLACE OF DEATH				2. USUAL RESIDE	NCE (HOME) OF D	ECEASE	D		
COUNTY Baltimo	re	MARYL	AND	STATE Maryla	and county	Balt	imor	В	
CITY (If outside corporate limits,		LENGTH O	STAY	CITY (II outside corp	orate limits, write RURAL	end give nee	rest town)		
OR and give neerest town)	Towson	(in this p	lece)	TOWN TOWS	on			- 3	55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 606 A	nneslie I	Road		STREET ADDRESS 600	6 Anneslie F	ve location)			1
3. NAME OF (First		(Middle)		(Last)	4. DATE (Mo	nth)	(Day)	(Ye	er)
(Type or Print) Mrs.	Josephin	e f.		Sauerwein	DEATH	Febru	ary	13 19	56
5. SEX 6. COLOR OR	7. SINGLE,	MARRIED, 'ED, DIVORCED,	8. DATE		9. AGE last birthday	IF UNDER		IF UNDER	
female white		married	Aug.	21, 1896	59 yrs.	Months	Days	Hours	Min.
10e. USUAL OCCUPATION (Give kine		OF SINDUSTRY	5	11. BIRTHPLACE (Steta or fore	eign country)	12	COUN	N OF WH	IAT
done during most of working life retired) at home	, even ii	OK HADOSIKI		Baltimorek Ma			US		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Mr. James Bacon				Lydia Galla	gher				
15. WAS DECEASED EVER IN U. S.		16. SOCIAL SEC	URITY NO.	17. INFORMANT &					
(Yes, no, or unk.) (If Yes, give wer	or dates of service)	222		Mr. George	P. Sauerwe	in, 6	06 A1	nnesl	ie R
420. / IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF AN  GIVING RISE TO THE ABOVE CAU  STATING UNDERLYING CAUSE LA:	SE DUE TO	Almo	sold	roli C. V. L	Dis.		3	o m	m
II OTHER SIGNIFICANT CONDITIONS	(C)			0 0 0			-		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	TO THE	Hapato	ma	+ dealest	es herlle	ling	12	yr.	5.
19e. DATE OF OPERATION	19b. MAJOR FIN	DINGS OF OPERATION	4				YES	AUTOP	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE	TH OF INJURY	(Home, farm, factor streat, office bldg., atc		21c. WHERE DID INJURY OCCU	JR? (City or town)	(Cou	nty)	(Stet	0)
21d. TIME OF INJURY (Month) (De	y) (Yaar) (Hour) M.	While No	IRRED while work	21f. HOW DID INJURY OCC	JR?				
22. I hereby certify that alive on The SIGNATURE	I attended the	deceased from.	tuzus	t.// 1/0 PM, from the		date state		e.	IGNE!
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF	CEMETERY OF	CREMATORY	LOCATION (City, tov				(Stete)
	2/16/1950		athe	dral Cemetery	Baltimor	e, Ma			
24. REC'D BY REGISTRAR	REGISTRAR'S SIGN	NATURE		25. FUNERAL DIRECTOR'S			ADDRESS		1
R.B 1 5 1956	The lol	Mari		Leonard J. R	uck, 5305 H	arford	d Ros	ad #1	4

CERTIFICAYE OF DEATH

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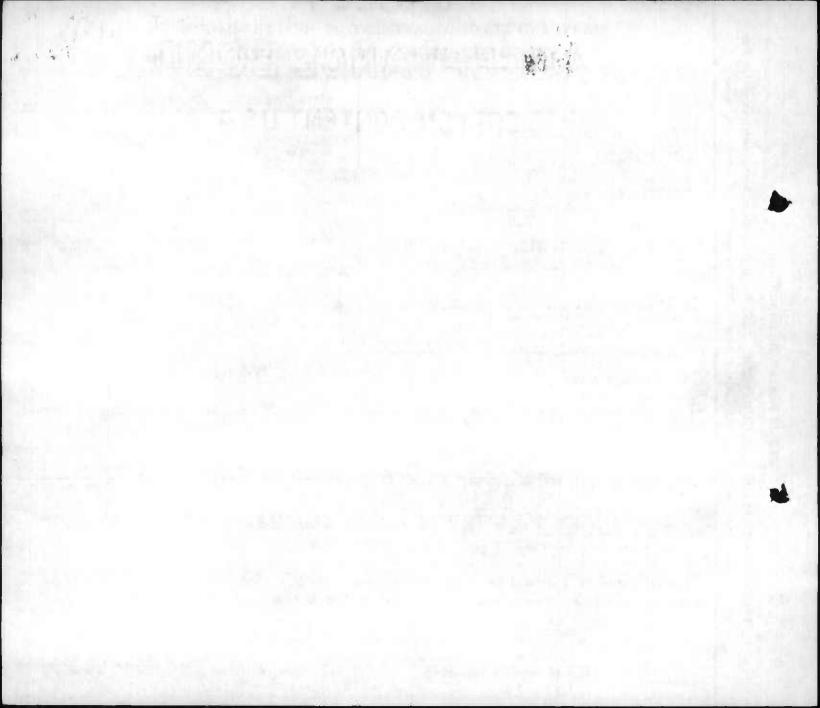
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Supply every item of information carefully

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1801519

1	20%	CERTIFICATE	OF	DEATH

100	reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BANTIMORE MARYLAND	STATE MARYLAND. COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest toy
OR and give nearest town) (in this place)    TOWN   ALBUTUS   121/65.	TOWN ARBUTUS. 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1326 BIECH AVE	STREET (If rural give location) ADDRESS 1326 BIRCH AVG.
	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) FLORENCE V. SCHAEFE	OF /
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	
Female WHITE WIDOWED, DIVORCED. NOV. 6	- 1867 88 yrs. Months Days Hours Mi
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life.	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH COUNTRY?
even if retired): HOMSEWORK OWN HOME  3. FATHER'S NAME:	MARYLAND.
WILLIAM H. OREM.	17. INFORMANT & ADDRESS:
WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. Yes, no. or unk.) (If Yes, give war or dates	1
of service) NoNE	MRS. LOUIS HOUSTON 1326 BIRCH AVE.
18. MEDICAL CERTIFICATI	111111111111111111111111111111111111111
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
4201 (Ast	nary Columnon - 1 hr
IMMEDIATE CAUSE (A)	The state of the s
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B)	sellstons Jonesaly of 5 yen
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	24
(c) Sum	lite
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	ursure Cardotvasenlas Leserso 104
DISEASE OR CONDITION CAUSING DEATH.	
DATE OF GLEANION.	20. AUTOPŠY YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.,	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1024 - 1218- 221056 11 172 11
alive on 7, 1955, and that death occurred at SIGNATURE	ADDRESS DATE SIGNED 2-23
a Bradly Sarghasthy MD M.	.o. 1264 Francis and Bathingse 271
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (Sta
BARIAL 2/23/36 LORRAINE F	BALTIMORE, MARYLAN
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS



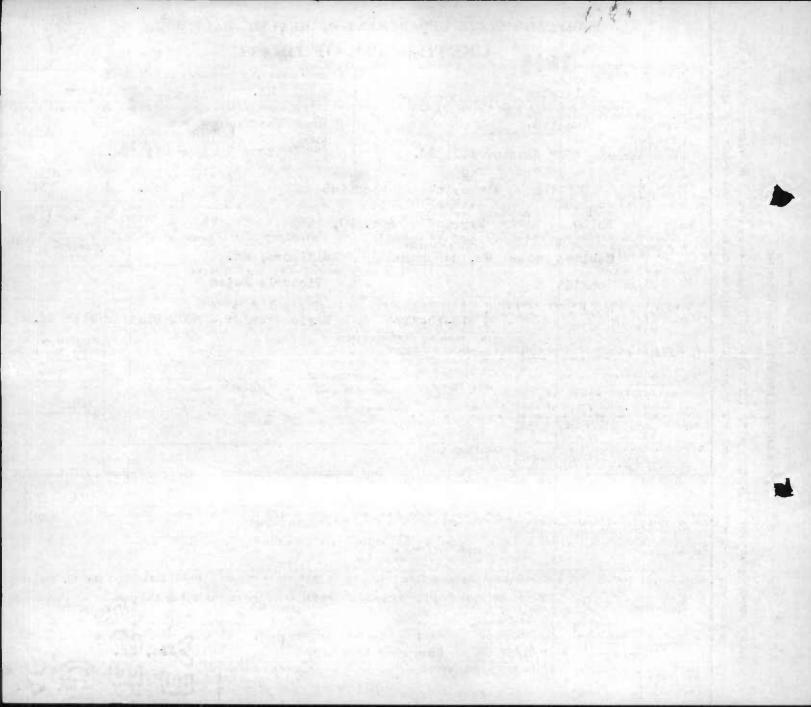
### CERTIFICATE OF DEATH

15/14				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):		
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Baltimore			
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL (in this place)  (in this place)	CITY(If outside corporate limits, write RURAL at TOWN WOODL AND	nd give nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5602 Windsor Mill Rd.	STREET (If rural give location) ADDRESS 5602 Windsor Mill Rd.	1		
	(Last) 4. DATE (Month) (Last) of Feb. 5	Ony) (Year) 19		
Male White Specify: Married Apr.	20, 1880 75 yrs.	ays Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life.  even if retired) Babinet maker  Wm. Harbaugh	Baltimore, Md.	CITIZEN OF WHAT		
John Schmidt	14. MOTHER'S MAIDEN NAME: Victoria Geise			
(Yes, no, or unk.) (If Yes, give war or dates of service) (15. Social Security No. 215-10-7374	Marie Schmidt - 5602 Windsor	Mill Rd.		
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HIMMEDIATE CAUSE  (A)	min ;	10 who		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO Official  (B)  Afficial  (B)  Output  DUE TO Official  (B)  Output  DUE TO Offi	levino of Manny	Zen		
	- Heart Juline			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY? YES NO		
21A. ACCIDENT WAS UNDERLYING   CR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)		
OF INJURY Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from	, 1944, to 2 - 5 , 1956, that I last	saw the deceased		
alive on 2-2, 1956, and that death occurred at SIGNATURE	9:30AM, from the causes and on the date s			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)  Burial 2/8/56 Lorraine Ce	metery Baltimore, Md.			
DATE MEC'D BY LOCAL   REGISTRAR'S SIGNATURE	1 24. FUNERAL DIRECTORAL	ADDRESS		

MARGIN RESERVED FOR BINDING UNFADING INK. WITH OR WRITE PLAINLY, TYPE PLEASE

Supply every item of information carefully.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01522

### 1546 CERTIFICATE OF DEATH

Items 8,9: film G193 3-5-5	6L	E OF DEA	Reg. Di	st. No. 30	
1. PLACE OF DEATH	ED				
COUNTY Baltimore	MARYLAND	STATE MO.	COUNTY Bal		
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo			
OR end give nearest town) TOWN Jatonsville	(in this place)	OR	OR		
HOSPITAL OR		STREET			
INSTITUTION OR STREET ADDRESS 6314 Frederic	k Ave.	ADDRESS 5312	(If rural give location)  Frederick A		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Yaer)	
(Type or Print) Rust		Scott	OF DEATH Feb.	14 19 56	
5. SEX   6. COLOR OR   7. SINGLE, A	ARRIED, B. DATE	OF BIRTH 1893	1	DER 1 YEAR   IF UNDER 24 HRS.	
RACE WIDOWEL (Specify)	ried Ar:	1124,771/4	62 97 yrs. Months		
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, evan if	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT	
	lalley-Vernay	Vermont		COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Lucius B. Scott Jemie Furrill			nie Furrill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	17. INFORMANT &	ADDRESS			
(Yas, no, or unk.) (If Yes, give war or dates of service)		Mrs. Ella Scott 6314 Fred. Ave.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CE		7-	INTERVAL BETWEEN ONSET AND DEATH	
4 IMMEDIATE CAUSE (A)	risocassin ,	Ocompens	alron	2ms.	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	rouse Provis	when Filmil	1/2	6301	
GIVING RISE TO THE ABOVE CAUSE	million (mane)	W-WI VALL CLE	-estara		
STATING UNDERLYING CAUSE LAST. DUE TO					
TO THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		11/11/11/11/11			
	NGS OF OPERATION			20. AUTOPSY?	
				YES NO Z	
	(Home, farm, fectory, reet, offica bldg., atc.)	21c. WHERE DID INJURY OCCU	R? (City or lown) (Co	ounty) (Steta)	
21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour)	21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCU	R?		
М.	at work at work				
22. I hereby certify that I attended the dalive on 2-13 1956 ,	leceased from 11 - R.C.	1944, to R	14, 1956, that	I last saw the deceased	
SIGNATURE /	and man deam occurred	ADD	RESS (Street, city, town, stata)	DATE SIGNED	
Wilmer K. Tallares	unha	209 Fred h P	1.B.11 0128	Ted ships	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or cou	2114126	
DELLOVAL (CDECIEV)	I HAME OF CEMETER! O				
REMOVAL (SPECIFY)					
119movel 2-14-56  24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	aury con		Richmond	Vir inia  ADDRESS	

ALTERNO STATE DEPARTMENT OF HEALTH-BASTIMORE, IS

### CERTIFICATE OF DEATH

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BUREAU V. &

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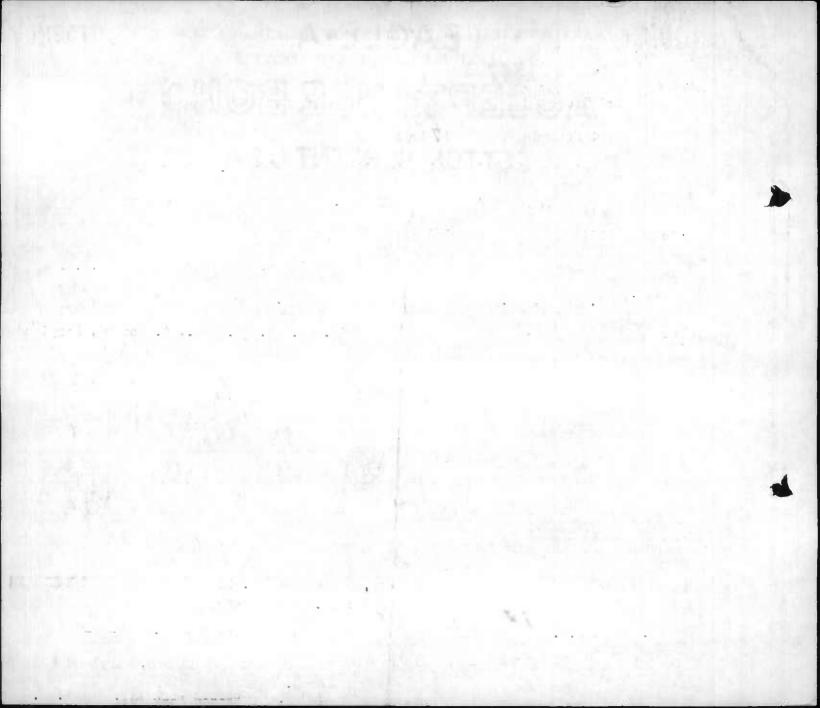


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Thomas & & Oitilm Clob.	ENT OF HEALTH—BALTIMORE, 18	01523	
3/14/56 dmr. 15/1 CERTIFICAT	TE OF DEATH Reg. Dis	t. No.	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY		
CITY (If outside corporate limits, write RURAL, LENGTH OF STA	AY CITYIIf outside corporate limits, write RURAL	and give nearest tow	
Town Fort Howard (in this place)	TOWN Baltimore	31014	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location	)	
STREET ADDRESS Veterans Administration Hosp	oital 2640 E. Oliver Street	et v	
3. NAME OF (First) (Middle) DECEASED:	OF	(Day) (Year)	
(Type or Print) WILLIAM A SCOTT  5. SEX: [6. COLOR OR [7. SINGLE, MARRIED. ] 8. DA'	JR. DEATH: February TE OF BIRTH:  9. AGE last birthday  If under		
Male White (Specify): Married	12/16/98 97 58 1/9 yrs. Months	Days Hours Min	
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHA	
even if retired): Plumber	Baltimore, Maryland	U.S.A.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
William A. Scott, Sr.	Susan R. Bears		
(Yes, no, or unk.)  (If Yes, give war or dates of service)  (If Yes, The service)	Clin.Rec.Vet.Adm.Hosp.,Ft. How	ard, Marylan	
18. MEDICAL CERTIFIC I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEA	
	ENIC CARCINOMA LEFT UPPER LOBE	UNKNOWN	
ANTECEDENT CAUSE (S)	ASTASIS TO KIDNEYS		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO			
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  LOBULAR PNEUMONIA			
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, or Contributing Cause of Death Of Injury street, office blooms	factory, 21c. WHERE DID (City or town) (Courder, etc. INJURY OCCUR?	YES NO (State)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURE	RED   21F. HOW DID INJURY OCCUR?		
OF INJURY While at work at work			
22. I hereby certify that M attended the deceased from Ja	105, 19.56, to Feb. 21, 19.56, that I like	t saw the decease	
SIGNATURE	at 9:00P.M, from the causes and on the date		
D. MARK, M.D. COLORS	M.D. VAH, Fort Howard, Md. 2 ETERY OR CREMATORY   LOCATION (City, town,	-22-56	
REMERIAL (SPECIFY)			
Burial 7-3-3-6 Baltimore  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	National Cemetery Baltimore, Ma	ADDRESS	
REGISTRAR 1957 11.W. Hedrich	24 FUNERAL DIRECTOR Leo G. Cook 1703 N. D. terson Park Ave		



### MARYLAND STATE DEPARTMENT OF HEALTH

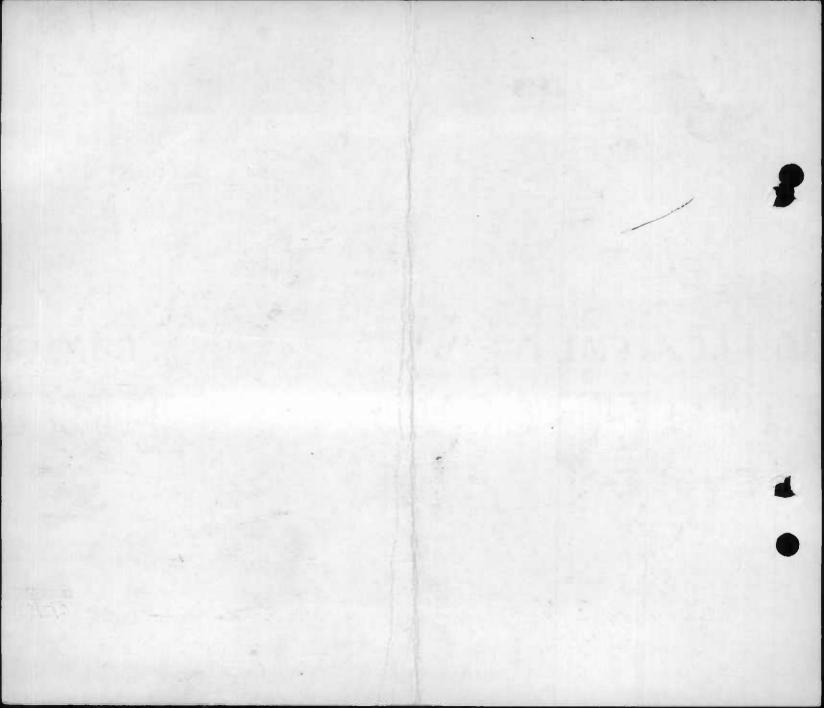
### CEDTIEICATE OF DEATH

		CERTIFICAT	E OF DEAL	l H		2	
	1548	FOR MEDICAL	EXAMINERS	Reg.	Dist. No	*	•
I. PLACE OF DEAT COUNTY Bal	ru. Ltimore	MARYLAND	2. USUAL RESIDENCE ( STATE Marylar	HOME) OF DECEASE	ED. COUNTY		
CITY (If outside of OR give neares	corporate limits, write RUR,	AL and   LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURA	AL and give	e neares	t town)
TOWN Car	tonsville	novr2mos12day	s TOWN Baltimo			3	W1.4
HOSPITAL OR INSTITUTION O STREET ADDRE	ess Spring Grove	State Hospital	ADDRESS Helpin	ng Up Mission	ocation)		/
3. NAME OF DECEASED (Type or Print)	(First) Fred	(Middle)	(Last) Seiling		onth)	(Day)	(Year) 19 56
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday	If under I	year	
Male	White	(Specify) Wildowed	2-14-1880	75 yrs.			Hours   Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. Kino of Business or Industry UNKNOWN	Maryland		12.	COUNTRY	EN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDER				
- 0 - 1 - 1	Seiling		Catherine				
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. Unknown	Records Spring		Hosn	ital	
Immedia: Antecede Diseases nr giving rise t	nf cause(s) conditions, if any, (b)	Lobar pneumonia			310000000000000000000000000000000000000	ONSET	days
brating the	underlying cause last						
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h. Carcinoma of	stomach			2	
19a. DATE OF OPE	RATION   19b. MAJOR F	INDINGS OF OPERATION				20. AT	UTOPSY?
						Yes	No 🗆
21. EXTERNAL CA PRIMARY OR CO CAUSE OF DEAT	ONTRIBUTING OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (	COUNTY)	(8	STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work  at work	HOW DID INJURY O	CCUR?			
ootnined by sai from: notura SIGNATURE  21. BURIAN. CREM	Autopsy, Inspection of a couses A accident	6 Loudon O	ased died on the day state undetermined  ADDRESS  TO 10 Lee  RY OR CREMATORY	ds and death  LOCATION (City, tow	in my	DAT  (A)	resulted E SIGNED 2/3/56 (State)
DATE RIC'D BY	LOCAL REGISTRAR'S	SUCATORE .	24. FUNERAL DIRECTO		Pa.	ADD	RESS
11110	1000	T TWUCK	WIN WITH SIM	- 121-121	vac.	1 1	VY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15A



Reg. Dist. No. COUNTY (If outside corporate limits, write RURAL and give nearest town) (If rural give location) 10 a (Day) (Year) (Month) 9. AGE last birthday: IF UNDER 1 YEAR | iF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY? Interval Between 20. AUTOPSY ? Yes No (COUNTY) (STATE) 1956, that I last saw the deceased , from the causes and on the date stated above. LOCATION (City, town, or county) (State) ADDRESS Heb



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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

# INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1550 CERTIFICATE OF DEATH

9837 Reg. Dist. No.

01526

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Baltimere MARY	LAND	STATE Mary	and county	Baltin	more
CITY (If outside corporete limits, write RURAL LENGTH	OF STAY	00	orate limits, write RURAL e	nd give neerest town	)
X TOWN Lutherville	s piaca)	TOWN Luth	nerville		×
HOSPITAL OR INSTITUTION OR		STREET	(If rurel giv	re location)	1
50 STREET ADDRESS Bellona Avenue		ADDRESS Bell	lona Avenue		
3. NAME OF (First) (Middle) DECEASED		(Last)	4. DATE (Mon	nth) (Day)	(Yaar)
(Type or Print) JOHN BARCLAY SHOCK			DEATH	Feb. 24	, 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE O	F BIRTH	9. AGE last birthday		IF UNDER 24 HRS.
Male White (Specify) Married	May 26	. 1894	61 yrs.	Months Days	Hours Min.
10a, USUAL OCCUPATION (Giva kind of work dona during most of working life, aven if OR INDUSTRY	ESS	11. BIRTHPLACE (State or fore	ign country)		EN OF WHAT
relired Shipping Clerk Crown Cork	& Seal	Maryland		USA	NTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
George Shock		Rel	ecca Parks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SE	ECURITY NO.	17. INFORMANT &	ADDRESS		
(Yas, no, or unk.) (If Yes, give wer or dates of service)		Family Re	cords		
18. M	EDICAL CER				ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	M 21	donots	liseure	ON	SET AND DEATH
4 IMMEDIATE CAUSE (A)	any	THERE &	waxe,		146701
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING LINDERLYING CAUSE LAST DUE TO					
STATING UNDERLYING CAUSE LAST. (C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	ON				D. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fach	ory. 1 2	To. WHERE DID INJURY OCCU	IR? (City or town)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., e	etc.)	THE WHOLE DE MINOR OF CO.	incl. (en) or lown)	(Couliny)	(3(4)6)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OC While		21f. HOW DID INJURY OCCU	IR?		
	Not while				
22. I hereby certify that I attended the deceased from	6/28	1955 to 2	ruf 1956	that I last sa	w the deceased
alive on 11/28, 19.55, and that death	h occurred at	10 7 M. from the	causes and on the o	date stated above	re
SIGNATURE 14 (1)			RESS (Street, city, tow		DATE SIGNED
	CLINOS CE	ME. Tu	Mercul	2 2	127/56
	F CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county)	(State)
Burial Feb. 28,1956 Pres	pect Hil	1 Cemetery	Tewsen, M	aryland	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	0	25. UNERAL DIRECTOR'S		ADDRESS	
DATE 29 1956 Annet. Mich	Calle	Houn Du	rue sons	Towsen,	Maryland
		1/ 1/			

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# ISSU CERTIFICATE OF DEATH

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BUREAU V. S.
FEB 29 1956
PALCEIVALLE

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1551

CERTIFICATE OF DEATH

01527

	Item 2, FilmGl93 2-28-56 et	Reg. Dist.	No.
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	16
П	COUNTY AND MARYLAND	STATE Md. COUNTY	
	CITY (if outside corporate limits, write RURAL OR and sive nearest town) TOWN  LENGTH OF STAY (in this place)	CITY (it outside corporete limits, write RURAL end give near OR TOWN	altimore 25
	HOSPITAL OR INSTITUTION OR THEN LISE HOME	STREET ADDRESS LILL Maude A Wayne aire location)	91411.
	3. NAME OF (First) (Middle) DECEASED (Type or Print) MALGARE J	(Last) of 4. DATE (Month) OF DEATH 2 -	(Dey) (Yeer) 16 19 56
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spacify) 2. 3	1 1 1 1 1	Deys   IF UNDER 24 HRS.   Hours   Min.
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)  OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	You.
Ď.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS	1-n C
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  MMEDIATE CAUSE  (A)  18. MEDICAL CER  Hypertensive care	dio vascular disease,	INTERVAL BETWEEN ONSET AND DEATH 10/4/52
		obliterans right leg.	3/53
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  Diabetes Mellity (C)	us	?
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
5	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Count	y) (State)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from. 10/4/	52, 19 , to Fax6 16, 1956 , that I	last saw the deceased
5 10M	alive on Feb. 14., 19.56 and that death occurred at signature M.D.	ADDRESS (Street, city, town, stele)  1226 Hanover Street	DATE SIGNED
A15C 1-55	23. BURIAL, CREMATION, REMOVAL ISPECIFY)  DATE THEREOF NAME OF CEMETERY OR 14 10	LAWY BATTO	(Steta)
VS	TATES 20 1956 REGISTRARY REGISTRARY SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS House

CERTIFICATE OF DEATH MITARI When the work and the second

RECEIVER

hours after death.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01528

30

1552 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DI	ECEASED	
COUNTY Baltimore MARYLAND	STATE Md.	COUNTY	Balto.	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (it outside corpor OR	ete limits, write RURAL e	nd give nearest town	)
Town Catonsville	TOWN Catons	sville		52
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural giv	re location)	1
STREET ADDRESS 2403 Old Frederick Rd	2403	old Frede:	rick Rd	
3. NAME OF (First) (Middle) DECEASED	(Lest)	4. DATE (Mon		(Year)
(Type or Print) Edward W.	Smith	DEATHE	b. 17/56	19
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
ale hite Specify Married Marc	h 10,1900	55 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	n country)		EN OF WHAT
done during most of working life, even if retired) Messenger Brinks, Inc.	Wesconsin		(00)	AIKII
3. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME		
Smith	Unknown			
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
Yes, no, or unk.) (If Yes, give wer or deles of service) 579 20 2192	Mrs. Flor	ence F.	mith. 240	03 old
18. MEDICAL CE		erick Rd.	CRIT ZEINI	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO STATH		10.	ON	SET AND DEATH
177X IMMEDIATE CAUSE (A) LARCINGMA	metasiatic	) lem	R L	week
ANTECEDENT CAUSE(S) DUE TO		1		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TATALISE LINDERIVING CAUSE LAST DUE TO		+		
STATING UNDERLYING CAUSE LAST. OUE TO CAR CAN COMME	1 DRUSTO	ale	12	Ueara
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING     TO THE DEATH BUT NOT RELATED TO THE				1
				1/
DISEASE OR CONDITION CAUSING DEATH.	•			V
				O. AUTOPSY?
90. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	21c WHERE DID IN HIRY OCCUR	? (City as town)	YES	□ NO □
96. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  16. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	7 (City or town)		
Pe. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  1a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)   1 time of INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED	21c. WHERE DID INJURY OCCUR		YES	□ NO □
Pe. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19a. ACCIDENT WAS UNDERLYING □  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE (Home, farm, fectory, OF ROUTRIBUTING □ CAUSE OF DEATH OF INJURY street, office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  OF INJURY street, office bidg., etc.)			YES	□ NO □
9e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  1e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)  1f EITHER, NOTIFY MEDICAL EXAMINER)  1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED While of work   Not while et work   et work   10e.	21f. HOW DID INJURY OCCUR	?	(County)	(State)
19b. MAJOR FINDINGS OF OPERATION  1a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)   1 to 1	21f. HOW DID INJURY OCCUR	7 , 19 5	(County)	(State)
19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION     21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)     19b. MAJOR FINDINGS OF OPERATION   19b. MAJOR FINDINGS OF	21f. HOW DID INJURY OCCUR	7 , 19 5	(County)  (County)  (County)	(State)
19b. MAJOR FINDINGS OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)  19d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While of work of work of work of the street of the st	21f. HOW DID INJURY OCCUR	7 19.5 suses and on the c	(County)  (County)  (County)	(State)  w the decease
19b. MAJOR FINDINGS OF OPERATION  1s. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)   1 to 1	21f. HOW DID INJURY OCCUR  19.55., to 2.7  at 3. P. M, from the company of the co	7 19.5 suses and on the c	(County)  (County)  (County)  (County)  (County)  (County)	(State)  w the decease
19b. MAJOR FINDINGS OF OPERATION  21b. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While work et work  22. I hereby certify that I attended the deceased from S	21f. HOW DID INJURY OCCUR  19.55., to Z. 7  at 3. P. M, from the company  908 Froderic  R CREMATORY	suses and on the cess (Street, city, tow	(County)  (A) that I last satisfies stated above, stated above, stated above, or county)	(State)  w the decease  ve.  DATE SIGNE

SASTAND STATE DEPARTMENT OF MALTS-SALTHOUSE. IS

CERTIFICATE OF DEATH

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cuted within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01529

# 1553 CERTIFICATE OF DEATH

Reg. Dist. No. 37

	1. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Balliman MARYLAND	STATE THOSE ROLL COUNTY
	CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give nearest town)
	OR end give nearest town) TOWN (CCC CCC 121110 3 1100)	TOWN Bactimare 3V01-4
	HOSPITAL OR	STREET (If rural give location)
	INSTITUTION OR MAINTENANCE HOME of MA	ADDRESS 3402 57. androse aue:
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Year)
	(Type or Print) Sall:	very ch DEATH 766, 23 1956
	5. SEX   6. COLOB OR   7. SINGLE, MARRIED,   8. DATE OF	
	Female Chite (Specify) (Income) July	26, 1878 Tyrs. Months Days Hours Min.
	10e, USUAL OCCUPATION (Give kind of work done during most of working life, evan-if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	refired Hardelite	Ballimore Mid. Country.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	alfred Clatchey	Laura a stamperes
	15. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
0	(Yas, no, or unk.) (If Yes, give wer or date of service)	duan Dimes Masones Home
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	T DISEASES ON COMMINIONS DIRECTED TEADING TO DEATH	ONSE! AND DEATH
	14 de IMMEDIATE CAUSE (A) WELLOCKEROL	e Cardio-1056:las 45011 2 Uni
	ANTECEDENT CAUSE(S) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, (B)	
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
	(C)	
M	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES NO
	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
		1f. HOW DID INJURY OCCUR?
	M. Whila Not while at work at work	
		== 75/172 5/0
	22. I hereby certify that I attended the deceased from	19.3, to 7
	alive on the death occurred at	
10M	SIGNATURE CONTINUES TO THE SECOND	ADDRESS (Street, city, town, state) DATE SIGNED
	M.D.	Colleguelle Md 2/22/56
A15C 1-55	23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF  NAME OF CEMETERY OR C	REMATORY LOCATION (City, town, or county) (Siete)
₹	Burial Feb. 25, 1956 Loudon Pa	
S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE FEB 27 10to Anne Markers	wm wow And 12,7 M. To. Off
	The property of the second	The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALKIMORE, IS

# CERTIFICATE OF DEATH

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9961 - 20 833

this this

After of

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate b. The bottom copy may be retained by the hospital or attending physician.

DATE

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

0	1	5	J	0	Ì
V	T.	U	-	U	

	1. PLACE OF DEATH				2. USUAL F	RESIDEN	CE (HOME) OF	DECEASE	D	
	COUNTY Balti	mere	MARYL	AND	STATE	Md	COUNT	y Bal	to.	
	CITY (If outside corporete limit OR end give neerest town)	ts, write RURAL	LENGTH O		CITY (It ou	utside corpore	ete limits, write RURA	L end give ne	arest town)	
		Voodlawn	FT 45	rs	TOWN	Wood	dlawn			X
Г	HOSPITAL OR			4114	STREET		(If rure)	give location)	-	1
6		Windsor 1	Place	DARK N	ADDRESS	200	l Windso	r Pla	ce	
-	3. NAME OF (FI	rst)	(Middle)		(Lost)		4. DATE (N		(Dey)	(Yeer)
	(Type or Print) Ann	ie	K.	So	uder		200000000000000000000000000000000000000	Feb.	24	19 50
-	5. SEX   6. COLOR OR			8. DATE OF		9	. AGE lest birthday	IF UNDE	R 1 YEAR	IF UNDER 24
	F. RACE	(Specify)	idaw	Oct. 7	4.1874		81 yr	Months s.	Deys	Hours M
H	1De. USUAL OCCUPATION (Give ki	nd of work   1Db. K	CIND OF BUSINES		II. BIRTHPLACE (S	tate or foreig	No. Colon	1	2. CITIZE	N OF WHAT
	done during most of working li retired) House Ke		or industry  ly Clin	da	Md.				U.S	
1	13. FATHER'S NAME	oper mer.	TA OTTI	120	14. MOTHER'S	MAIDEN N	IAME		Ues	0440
Г	TTv	lknown				IIm l	known			
-	15. WAS DECEASED EVER IN U. S.		16. SOCIAL SEC	LINITY NO	1 47 01500	MANT & AI				
_	1			UKIT NO.	I/, INFOR	MANI & AI	DDKE22			
2	(Yes, no, or unk.) (If Yes, give we	er or detes of service)						M Wro	mlrT i	mt own
-	I DISEASES OR CONDITIONS DIRE	CTLY LEADING TO DEATH	216-10-	6216	Mr.I.	N.Sm:	ith,602		INTE	ntown RVAL BETWEEN
	I DISEASES OR CONDITIONS DIRE  IMMEDIATE CAUSE  ANTECEDENT CAUSE()  DISEASES OR CONDITIONS, IF A  GIVING RISE TO THE ABOVE CA	(A) A  S) DUE TO DINNY, (B) LUSE	216-10-	6216 DICAL CERT	Mr.I.	N.Sm:			INTE ON:	
	I DISEASES OR CONDITIONS DIRE  IMMEDIATE CAUSE  ANTECEDENT CAUSE()  DISEASES OR CONDITIONS, IF A	(A) A  S) DUE TO DINNY, (B) LUSE	216-10- 18. MEI NTUN	6216 DICAL CERT	Mr.I.	N.Sm:	ith,602		INTE ON:	ntown RVAL BETWEEN SET AND DEATH
	I DISEASES OR CONDITIONS DIRE  ANTECEDENT CAUSE()  DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE CA  II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	CCTLY LEADING TO DEATH  (A)  S)  DUE TO  NY,  (B)  LUSE  AST.  (C)  IS CONTRIBUTING  D TO THE	216-10- 18. MEI NTUN	6216 DICAL CERT	Mr.I.	N.Sm:	ith,602		INTE ON:	ntown RVAL BETWEEN SET AND DEATH
-	I DISEASES OR CONDITIONS DIRE  IMMEDIATE CAUSE  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE LI	CCTLY LEADING TO DEATH  (A)  S)  DUE TO  NY,  (B)  LUSE  AST.  (C)  IS CONTRIBUTING  D TO THE	216-10- 18. MEI NTUN 15 C ZS	6216 DIGAL CERT	Mr.I.	N.Sm:	ith,602		3-	TOWN  RVAL BETWEEN  ET AND DEATH  TIT
77	I DISEASES OR CONDITIONS DIRE  IMMEDIATE CAUSE  ANTECEDENT CAUSE()  DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE LIV  IE OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN  19. DATE OF OPERATION	COLY LEADING TO DEATH  (A)  S) DUE TO  NY, (B)  USE DUE TO  (C)  IS CONTRIBUTING D TO THE  GO DEATH.  19b. MAJOR FINDINGS	216-10- 18. MEI  TUIL  LS C 3.	6216 DIGAL CERT	Mr.I.	N.Sm	ith,602	ડળાં	INTE ON!	TOWN  RVAL BETWEEN  RYAL BETWE
	I DISEASES OR CONDITIONS DIRE  ANTECEDENT CAUSE()  DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA  STATING UNDERLYING CAUSE LI  II OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT NOT RELATE  DISEASE OR CONDITION CAUSIN	CCTLY LEADING TO DEATH  (A)  S)  DUE TO  LNY, (B)  LUSE  AST.  (C)  IS CONTRIBUTING  D TO THE  IG DEATH.  19b. MAJOR FINDING:  19b. MAJOR FINDING:  ATH OF INJURY street,	216-10- 18. MEI NTUN 15 C ZS	-6216 DIGAL GERT	Mr.I.	N.Sm	ith,602		INTE ON!	TOWN  RVAL BETWEEN  ET AND DEATH  TIT
	I DISEASES OR CONDITIONS DIRE  ANTECEDENT CAUSE  IMMEDIATE CAUSE  DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA  STATING UNDERLYING CAUSE L  II OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN  19e. DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF DE	S) DUE TO  (A)  S) DUE TO  (NY, (B)  (USE AST. (C)  IS CONTRIBUTING  D TO THE  IG DEATH. (S)  19b. MAJOR FINDINGS  TO THE  OF INJURY street, 4ER)  Doy) (Year) (Hour) 216	SOF OPERATION, office bldg., etc.	6216 DIGAL GERT	Mr.I.	N.Sm:	ith, 602	ડળાં	INTE ON!	TOWN  RVAL BETWEEN  RYAL BETWE

Marry

DIN. TIM Marting

ST. THOMITIANS HELDER TO THE ST THAT STATE STATE

# CERTIFICATE OF DEATH

CONTRACTOR CONTRACTOR

BUREAU V. S.

32. I toroby conflying a way in a good by a larger

The	35
Supply every item of information carefully. 7	legibly.
tion	and
informa	te the causes of death clearly and legib
of	ath
em	de
#	of
every	causes
pply	the
Su	te c

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

1398	CERTIFICATI	E OF DEATH	Reg. Dist.	No. 42
1. PLACE OF DEATH:		2. USUAL RESIDENCE (H	OME) OF DECEASED	D:
COUNTY /3 ALTO.		140	n.	1 -1
CITY (If outside corporate limits, write	MARYLAND RURALL LENGTH OF STAY	CITY(If outside corporate	COUNTY /34	
OR and give nearest town)  5 TOWN ARBUTUS	(in this place)	OR TOWN ARBUT		5/
HOSPITAL OR		STREET	If rural give location)	1
INSTITUTION OR STREET ADDRESS 1244 ST	EUENS AUE.	ADDRESS	TEUENS	AUE.
3. NAME OF (First) DECEASED:	0000		ATE (Month) (I	Ony) (Year)
(Type or Print) -LOKENC	E SPIER	ER	EATH: 1 -	
5. SEX:   6. COLOR OR   7. SINGL RACE:   WIDO		OF BIRTH: 9. AGE la		
FEMALE WHITE Specific	BOWED 9-	2 - 1878 77	yrs.	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life.	OR INDUSTRY:	II. BIRTHPLACE (State of	oreign country): 12.	CITIZEN OF WHAT
even if retired : WORK  13. FATHER'S NAME:	AT HOME	BALTO. M.	0.	U.SA.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN N	AME:	
WILLIAM HO	FFMAN	ELIZABA	STH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRE	SS: HUSBAND	
(Yes, no, or unk.) (If Yes, give war or dates of service)		EDWARD H. SPI	EKER	(SAME)
	16. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH			ONSET AND DEATH
443X	(A) Chrones lu	y lasteus in - E a	alex. Column	+ u 0 =
IMMEDIATE CAUSE	DUE TO		4-110 )	1913
ANTECEDENT CAUSE (8)	R	-20 tan	in perselve	7 ( 0
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	or very . E 090	in perselve	3607/3-
	(c)			
II OTHER SIGNIFICANT CONDITIONS				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING				
19A. DATE OF OPERATION:   19B. MAJO		V		20. AUTOPSY?
0				YES NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fact OF INJURY street, office bldg.,	etc. INJURY OCCUR?	or town) (Count	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	2 1F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended	the deceased from	, 1930, to fel 6th	, 19 j7, that I last	saw the deceased
alive on Jeh. J., 1916., a	and that death occurred at	M, from the cause		stated above.
I TEderic V. De	. 141	. D. 1014 Francis Ge B		-572
23. BURIAL, CREMATION, DATE THER REMOVAL (SPECIFY)		ERY OR GREMATORY LOC		county) (State)
No ICINE		/	34456.	
DATE REC'D BY LOCAL REGISTRAN	dud the	Q. Halter Corn	11 11 .	ADDRESS

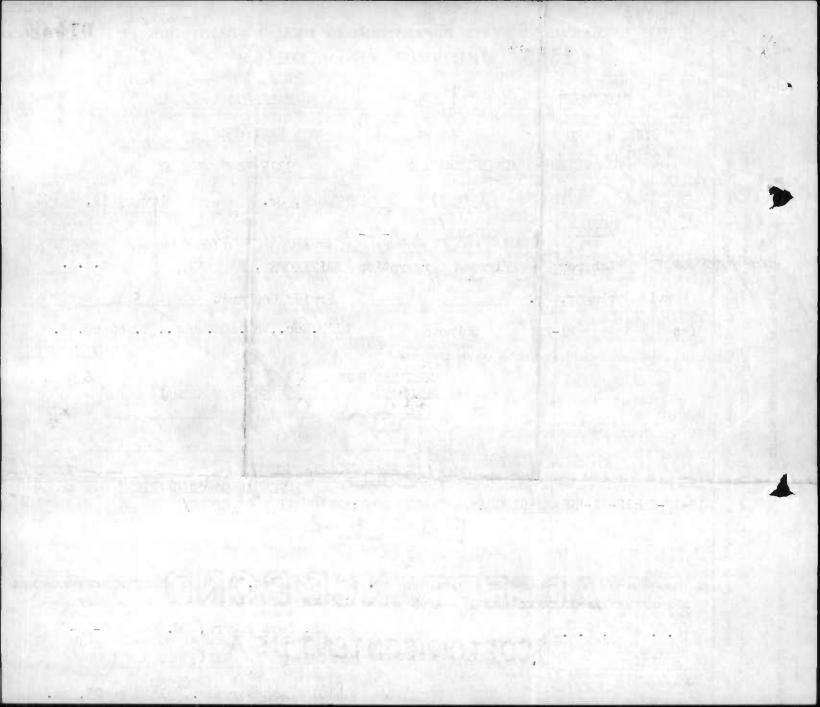
A15 -- 10 - 53 VS. PLEASE TYPE



### 01532 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPUIDICATE OF DEATH

2000 CERTIFICATI	E OF DEATH Reg. Dist.	. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY BAITIMORE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN FORT HOWARD	CITYIIf outside corporate limits, write RURAL a OR TOWN BALTIMORE	nd give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION	STREET (If rural give location) ADDRESS 3315 EDMONDSON AVENUE	/
DECEASED:	(Last) 4. DATE (Month) (I OF DEATH:February	(Year) 12. 1956
	OF BIRTH: 9. AGE last birthday   IF UNDER 1 Y   Months   D	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Plywood Corporation	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
David Springer, Sr.	Freida Gephardt	
(Yes, no, or whk.) (If Yes, give war or dates of service) P1=28  Unknown	17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.How	ard,Md.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TON	INTERVAL BETWEEN
11104		
IMMEDIATE CAUSE (A) CEREBRAL E		6 DAYS
ANTECEDENT CAUSE (8)	HEART DISEASE WITH MITRAL	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		UNKNOWN
(C)		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  CEREBRAL	VESSEL ANEURYSM	CONGENITAL
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 12-10-55; 12-11-55 ARTERIOGRAM & TRACHEOTOMY	THE THE MANUAL MANUAL MANUAL MANUAL PROPERTY.	20. AUTOPSY?
21A. ACCID NT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	y) (State)
OF INJURY	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb.	6 , 19 56 to Feb. 12 , 1956 , that clask	
allivexo6xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ADDRESS DAT	stated above.
	National BALTIMORE, MARYL	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  TO THE PROPERTY OF THE PR	WITZKE FUNERAL DIRECTORS	ADDRESS



MARGIN RESERVED FOR BINDING

- 10 - 53

VS. A15-

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()15

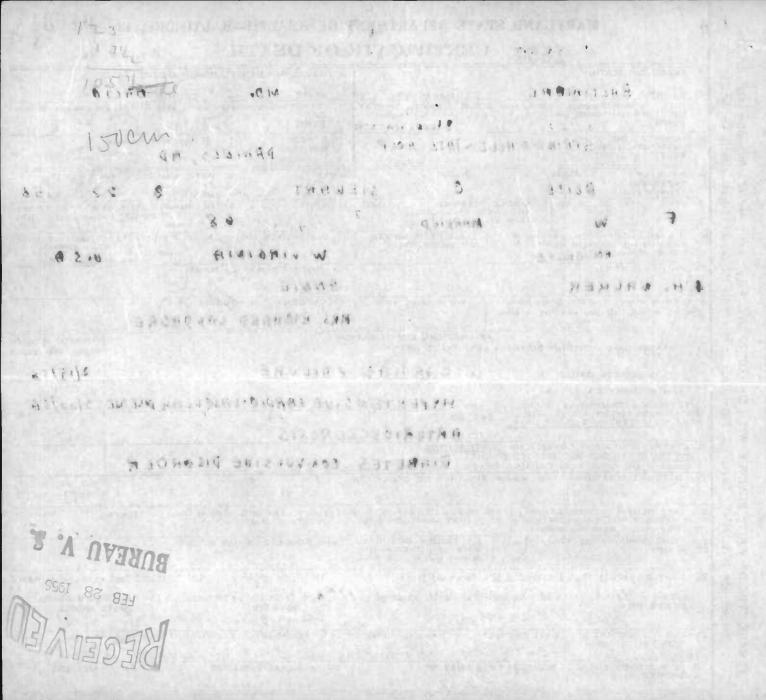
1556 CERTIFICATE OF DEATH

Reg. Dist. No. 30

151	1556 CENTIFICATI	Reg. Dist. No.
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
carefull legibly.	COUNTY Balto MARYLAND	STATE Md. COUNTY
Cal	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE MGe COUNTY  CITY(If outside corporate limits, write RURAL and give nearest town)
	OR and give nearest town) (in this place)	I OR
tior an	OR OUT TITLE	TOWN Baltimore
ma	HOSPITAL OR INSTITUTION OR II	STREET (If rural give location) ADDRESS 2722 C+ David C+
information	STREET ADDRESS House in the Pines	ADDRESS 2733 St. Paul St.
in h c		(Last)   4. DATE (Month) (Day) (Year)
m of i	(Type or Print) JOHN R. M. STAU	
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR   IF UNDER 24 MRS.
	male white (Specify): widowed Mar. 1,	
every	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
	work done during most of working life, OR INDUSTRY:	COUNTRY?
	Lawyer 13. FATHER'S NAME:	Md.
the	7 1 11 2 OL	
K. Su write	John Wesley Staum  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Juliet Armager
X X	(Yes, no, or unk.) (if Yes, give war or dates	
INK se w	no of service) none	Mr. John W. Staum - 3818 Greenmount Ave.
Glea	18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
Z d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ADING s: plea	1491X IMMEDIATE CAUSE (A) Broncho-A	Caenamonia 5da
an:	DUF TO	520
UNF	ANTECEDENT CAUSE (8)	
- 5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	
_	STATING UNDERLYING CAUSE LAST.	
W W	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Y,		instandio · Vaseulas Vicease 15 30.(6.)
AINLY, Wimportant.	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	un cardia. Taskular Vicease 19 mil'y
im i	198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
PLAINLY lly import		YES NO Z
WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
RI	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
>	OF INJURY  M. While Not while at work at work	
OR.	22. I hereby certify that I attended the deceased from 8 - 2	16 , 1955, to 2 - 16, 1956, that I last saw the deceased
चि छ	alive on 2/6 , 1956, and that death occurred at	
ryr	SIGNATURE	ADDRESS DATE SIGNED
T	Welman K. Fallager M.	o. Catonavil4. 28, md. 2-17-56
SE	DEMOVAL (ODERSEN)	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
EA	Burnal (SPECIFY) 2/18/56 Mt. Olivet	Cem. Balto., Md.
PLE	PATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24/ FUNERAL PIRECTOR ADDRESS 5
	REGISTRAR 18-1956. R.W	Mm. J. ichner & Hour-Beets 17 hd.

1 14 1 7 . We demonstrate made a mark that the sale THE PARTY AND PERSONS THE PERS IN STREET SANTAGE OF SANTAGE

	· 1	1557 CERTIFIC	ATE OF DEATH Reg. I	Dist. No
-	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	ASED:
M	carefull legibly.	COUNTY BALTIMORE MARYLAND	STATE MD. COUNTY BA	478:
		CITY (If outside corporate limits, write RURAL LENGTH OF (in this plants)	STAY CITY(If outside corporate limits, write RURA	
	item of information of death clearly and	HOSPITAL OR INSTITUTION OR SPRING GROVE STATE HOS		ion)
	of in	3. NAME OF (First) (Middle) DECEASED: (Type or Print) PLICE	(Last)  STEWRRT  4. DATE (Month)  OF DEATH: 8	(Day) (Year) 22 1956
		F RACE: WIDOWED, DIVORCED, (Specify): MARRIED	PATE OF BIRTH: 9. AGE last birthday IF UNDER Months	Days Hours Min
NG	y every causes	Work done during most of working life, even if retired): WOUSE WIFE	IESS II. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHA
BINDING	Supply te the ca	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BI	K. Su write	I. H. WALHER  15. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY		
FOR	Se I	(Xee, no, or unk.) (If Yes, give war or dates UNIFNOW	MRS. RICHARD LANDACRE	
A	NG	18. MEDICAL CERT		INTERVAL BETWEE
VE	ADING s: ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
RESERVED	AAI	IMMEDIATE CAUSE (A) CARDI	AC FAILURE	2/19/56
SE	UNFA	ANTECEDENT CAUSE (8)		200
	ITH U	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	TENSIVE CARDIO-VASCULAR DISE	ME 2/22/56
ARGIN	$\vdash$		OSCLEROSIS	
MA	2 23	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	TES CONVULSIVE DISORDER	
	NI du	19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPE		20. AUTOPSY?
	1		100	YES NO
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING \( \) OR CONTRIBUTING \( \) CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	ce bldg., etc. INJURY OCCUR?	ounty) (State)
	P _	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCC While Not what work at work	hile [7]	
	E OR	22. I hereby certify that I attended the deceased from .	3/3, 19 4, to 2/22 , 19 57, that I	last saw the decease
- 10 - 53	TYP	alive on 4/22, 1956, and that death occurs SIGNATURE Shella Wachsler	red at 12 M.M. from the causes and on the da ADDRESS M.D. Spring Grove St. Horps tal	DĂTE SIGNED
A15 -	EASE	Entology Strad 2/24 56 V. of Med	1. Med. Salvel Balling.	(Stat
	i-d	DATE PECID BY LOCAL L PECICEPADIC CICHATURE	24 FUNERAL DIRECTOR	



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimere MARYLAND	STATE Maryland COUNTY Baltimere
CITY (If outside corporate limits, write RURAL CITY (In this place)  TOWN TOWSON  CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Burke Avenue	STREET (If rural give location)  8 Burke Avenue
DECEASED: CHARLES EDGAR STOVE	
RACE: WIDOWED, DIVORCED,	OF BIRTH: 1870 9. AGE last birthday IF UNDER 1 YEAR   IF UNDER 24 HRS. 20, 1871   85 yrs.   Months   Days   Hours   Min.
OR INDUSTRY:  Superviser: retired  108. KIND OF BUSINESS OR INDUSTRY:  Steel mfg. Co.	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME: Elemner Vance
ISAAC Stover  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Eleener Vance
(Xes, no, or unk.) (If Yes, give war or dates of service) None	Richard Stever, Tewsen, Maryland
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  DUE TO  (C)	der felenesis 5 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
The state of the s	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, facto OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OR CONTRIBUTING LICAUSE OF DEATH OF INJURY street, office bldg.,	21F. HOW DID INJURY OCCUR?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., ( (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED  OF INJURY While Not while	
OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc., office bldg., etc	O, 19, to 2 1.7, 1956 that I last saw the deceased 6.7 M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  OF INJURY  22. I hereby certify that I attended the deceased from 1.9 4.  alive on 1.3.1, 19.5.4, and that death occurred at a SIGNATURE	D. 4508   LOCATION (City, town, or county) (State)

VS.

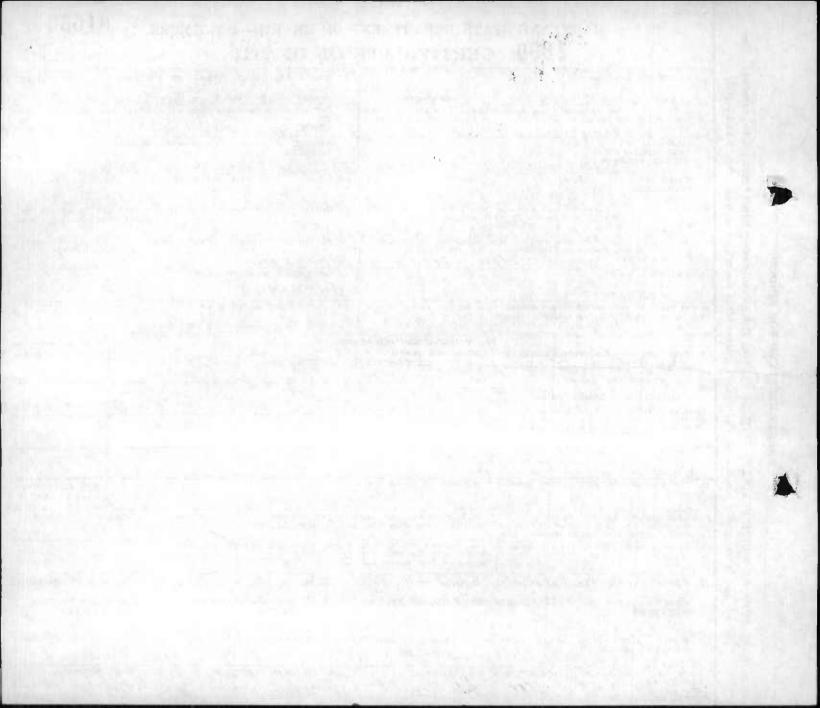
BUREAU V. S.

LEB 16 1820

BECEINED

1399	CERTIFICATI			Dist. No.
1. PLACE OF DEATH:			ICE (HOME) OF DECE	
COUNTY BALT I MORES  CITY (If outside corporate limits, write	MARYLAND		LAND COUNTY B	RAL and give nearest tow
OR and give nearest town) TOWN ARBUTHS	(in this place)	OR	WT45	tal and give nearest tow
HOSPITAL OR		STREET	(If rural give loca	ation)
STREET ADDRESS	VESTERN BLVD	SS54 SONTH	WESTERN B	LUD.
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) CHARLES	F. STRASS		DEATH: FEB.	4 1956
MALE SEX: 6. COLOR OR 7. SING! RACE: WIDO (Speci	LE, MARRIED, 8. DATE DWED, DIVORCED.  (19) MARRIED MAI	OF BIRTH: 9.	AGE last birthday Month	hs Days Hours Mi
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); LARZIEZ	10B. KIND OF BUSINESS OR INDUSTRY:	MARYLAND		12. CITIZEN OF WH
3. FATHER'S NAME:	1001 01100	14. MOTHER'S MAI		
UNKNOWN		UNKNOWN		
S. WAR DECEASED EVER IN U.S. ARMED FORCE		17. INFORMANT &		
Yes, no, or unk.) (If Yes, give war or date of service)	218-14-9468	ANNAK, STRAS	SER 6554 SOUT	IN WESTERNBL
I DISEASES OR CONDITIONS DIRECTIONS DIRECTION OF THE PROPERTY	(A) MEDICAL CERTIFICAT	hal Parliare		ONSET AND DEA
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Carbino a	Slaro sus -		
II OTHER SIGNIFICANT CONDITIONS	(C) CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING				
	OR FINDINGS OF OPERATIO	N		20. AUTOPSY
21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH	218. PLACE (Home, farm, fac OF INJURY street, office bldg.	tory. 21c. WHERE DI INJURY OCCUR	City or town) (	(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		1 21E HOW DID IN	JURY OCCUR?	
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour OF INJURY) M.	21E INJURY OCCURRED While Not while at work at work	217. HOW BID IN		

A15-10-53 VS.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CHAPTERD 9981 **9 YAM** DECENAL المراج المراج المال

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Physicians

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I. PLACE OF COUNTY CITY (If or

5. SEX: Male

HOSPITAL INSTITUTIO STREET ADI 3. NAME OF DECEASED:

10A. USUAL OCC

13. FATHER'S John Strok 15. WAS DECEASED

(Yes, no, or unk. Yes

I DISEASES O

DISEASES OR C

GIVING RISE T STATING UNDE

II OTHER SIGN TO THE DEA

21A. ACCIDENT

OR CONTRIBUTION (IF EITHER, NOTIF

REGISTRAR

21-56

DISEASE OR 19A. DATE OF OF

	T OF HEALTH—BALTIMORE, 1801538
1560 CERTIFICATI	E OF DEATH Reg. Dist. No.
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND  CITY (If outside corporate limits, write RURAL or and give nearest town)  TOWN FORT HOWARD  MARYLAND  LENGTH OF STAY (in this place)  93 Days	STATE MARYLAND COUNTY ANNE ARUNDEL CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN BURNIE
HOSPITAL OR INSTITUTION OF ETERANS ADMINISTRATION HOSPITA	STREET (If rural give location)  L PT. PLEASANT, RT. 2, BOX 147
DECEASED: GEORGE J. ST	ROHMER  4. DATE (Month) (Day) (Year)  OF DEATHFEBRUARY 19 19 56
ale White (Specify): Single April	of BIRTH:  9. AGE last birthday IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months Days Hours Min.
. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY: even if retired) Helper Baller maker, Steel Co.	Baltimore, Maryland U. S. A.
FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ohn Strohmer	Catherine Kunkle
WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
res, no, or whk.) (If Yes, give war or dates of service) WW I 213-16-3548	V Clin. Rec. Vet. Adm. Hosp., Ft. Howard, Md.
18. MEDICAL CERTIFICAT DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
	YDRONEPHROSIS AND PYELONEPHRITIS UNKNOWN TATIC HYPERTROPHY UNKNOWN
	TATIC HIPERIROFHI
VING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
A. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	N Comments
2/13/56 Transurethral Resection	of Prostate
EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
I hereby certify that 2 attended the deceased from NOV.	18, 19 55 to Feb. 19, 156, AXECOSOSO (18 18 18 18 18 18 18 18 18 18 18 18 18 1
SIGNATURE	2:50P M, from the causes and on the date stated above.

XXDOVEXOUS SIGNATURE M.D.VAH, FORT HOWARD, MARYLAND NAME OF CEMETERY OF CREMATORY | LOCATION (City, town D. D. MARK, M.D. DATE THEREOF LOCATION (City, town, or county)

REMOVAL (SPECIFY) 2-22-56 New Cathedral Cemetery Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

Baltimore, Maryland ADDRESS (State)

George Schwab Funeral Home 2101 Frederickd.

### MARYLAND STATE DEPARTMENT OF HEALTH

1389

# CERTIFICATE OF DEATH

	-		111
Reg.	Dist.	No	41

FOR MEDICAL	EXAMINERS	Reg. Dist. No
1. PLACE OF DEATH- COUNTY BALTO MARYLAND	2. USUAL RESIDENCE (HOME) OF DE	COUNTY BASILTO.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write OR TOWN DUNDAL)	
HOSPITAL OR ON STREET ADDRESS 2604 YORKWAY		giva location) KWAY
3. NAME OF DECEASED (First) ORVILLE RUSSELL	SWANN 4. DATE OF DEATH	(Month) (Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	16 MAY 1902 53	thday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  A E C PER  10b. Kind of Business of Industry  REPAIR	11. BIRTHPLACE (State or foreign country V.IRG-IN	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  JOHN SWANN	14. MOTHER'S MAIDEN NAME	
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or unknown) (If yes, give war or dates of 2/3-09-9419	BESSIE B. SWANN	- WIDOW
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Delus	INTERVAL BETWEEN ONSET AND DEATH 2 Kours
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying causa last  (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY  OR CONTRIBUTING  CAUSE OF DEATH.  PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decension in the said causes accident suicide, homicide, SIGNATURE (Degree or title)  A. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ased died on the dry stated above, and undetermined  ADDRESS  BOLF 2  RY OR CREMATORY   LOCATION (CR.	DATE SIGNED  2-//-52 y, town, or county)  (Stata)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE BEG.	23. FUNERAL DIRECTOR	ADDRESS
Ter 1x-1136 William M. Milly	SVIII SOME MORING, I	Musika, 114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

DECENTED SU

RUBEAU V. S.

2411 N. Charles Street, Baitimore

01540

)	Item	21	Film	G193	2-29-56	ar
				4.3		

CEDTIFICATE OF DEATH

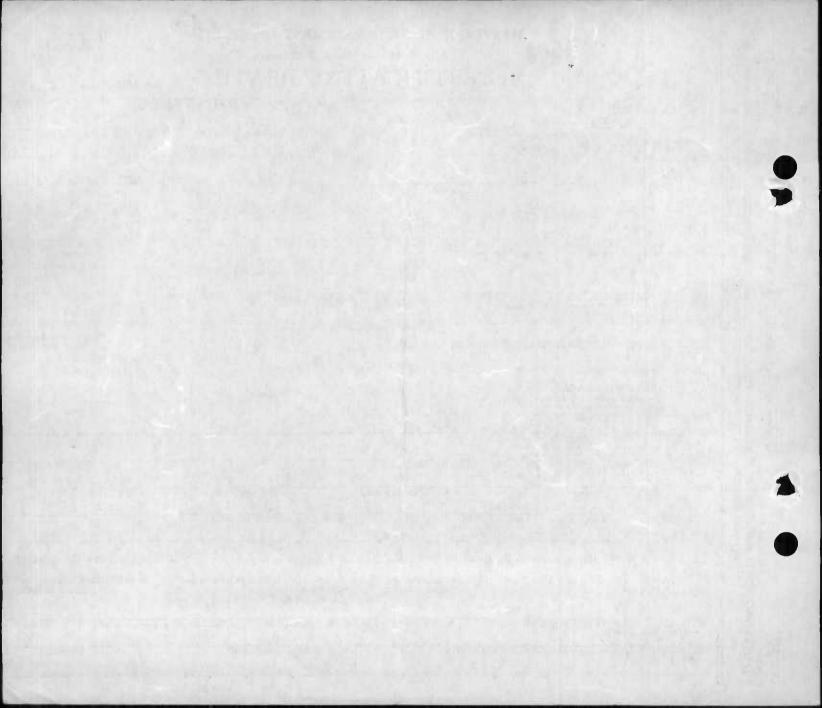
01930 Jactim av.

Item 12, FilmG193 2-27-56 et	Reg. Dist. N	T
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY BALTIMORE MARYLAND	STATE MD. COUNT	Y Manual Francisco
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi	ive nearest town)
X TOWN Tullerim	TOWN PALTIMORE	X
HOSPITAL OR	STREET (If rural, give location)	_ /
INSTITUTION OR STREET ADDRESS	9223 BELAIR I	POAD.
3, NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) TANISLAWA- KLIZA BETH- 2	YNKIELEWSKI DEATH & -	14 1956
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday   If under Months	l year   If under 24 hrs   Days   Hours   Min.
FEMALE WHITE (Specify) WIDOWED	75 yrs.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
HOUSE WIFE	POLAND	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	UNK.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (Hyes, give war or dates of	INFORMANT AND ADDRESS	21
service)	Mil Whelm Joug.	has
18. MEDICAL CI	ERTIFICATION / /	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
000 0 0 1 5	£ 1 D.	26
Immediate cause (a) Julm onory	mbotism	Jan
1 + /	t. 1 + 10:	1-1)
Antecedent cause(s) Diseases or conditions, if any, (b) the Mo Chan	Here pulme it his	2 whs.
giving rise to the above cause	11 110 1 -	
stating the underlying cause last	le les othrom bosso	
II. OTHER SIGNIFICANT CONDITIONS	22 00 400000000000000000000000000000000	1
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
10 Jan. 56 Pinned - Intertrochanter	ic fracture	
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)
SUICIDE Aggs down OF office bldg., etc.)	7.71	
HOMICIDE ACCIDENT INJURY Hom TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	I HOW DID INHIDY OCCUPAGES	
OTT NO ATTAIL		droom on bar
INJURY Jan 9 56 7a m. Work At work A	(2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	0200000
22. I hereby certify that I attended the deceased from A	1956, to 14 feb, 1956, that I last	becomes the decement
alive on 14 tel, 19.56, and that death occurred at	ADDRESS, from the causes and on the date s	tated above.
SIGNATURE () (Degree or title)	ADDRESS	DATE SIGNED
( Lykin C. Idwy YVV 7327 89	Julyin Ret 1 Dally 6 Mil	2 15 56
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or cour	
DEPROVAT (Schoolfer)	COSS CEM. BALTIMORE	(368(6)
DATE REC'D BY LOCAL   BEGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. ( ) ( ) Led and	4001711 On - 1.	ADDICEOG

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



4	3	comec	>
M	)	carefully. The con	and legibly.
	7	information (	death clearly
	ED FOR BINDING	Supply every item of information carefully.	write the causes of death clearly and legibly.
	ED	Su	W

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1562

CERTIFICATE OF DEATH

Reg. Dist. No.

			NACON CARONERS	OF DECEMBER	D .
1. PLACE OF DEATH:				OF DECEASE	
COUNTY Baltimore MARYLAN	ND S	TATE Mary	land		COUNTY Baltimore
CITY (If outside corporate limits, write RURAL  LENGTH OF	F STAY C	ITY (If outside	e corporate li	mits, write RUR	AL and give nearest town
OR and give nearest town)  TOWN  Jones Creek	olace)	OR OWN TO	nes Cred	ale.	V
HOSPITAL OR	S	TREET		If rural give loc	ation)
INSTITUTION OR		DDRESS			/
STREET ADDRESS 7402 Hammond Road	1	7	402 Hami	nond Road	
3. NAME OF (First) (Middle)	(Last	)	4. DATE OF	(Month)	(Day) (Year)
DECEASED: (Type or Print) MARY E.	TRACEY		DEATH:	Feb. 8,	19 56
	. DATE OF BI	RTH:	9. AGE last		ER 1 YEAR IF UNDER 24 HRS.
remale RACE: WIDOWED, DIVORCED, (Specify): Married	Jan. 27,	1900	56	yrs. Month	Days Hours Min.
10a, USUAL OCCUPATION Give kind of 1 10b, KIND OF BUSIN	NESS OR   11.	BIRTHPLACE	(State or for	reign country):	12. CITIZEN OF WHA
work done during most of working life.   INDUSTRY:					COUNTRI
even if retired): At home  13. FATHER'S NAME:		Baltimore OTHER'S MAII			U.S.A.
	14. 14	OTHER S MAII			
John Doster			Gilla	rd	
15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY I	No.: 17. INFO	RMANT & AD	DRESS:		
No. service)	Josep	h A. Trac	ev 7402	Hammond H	load.
18. MEDICAL CERT					Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Ensue (	Esterm	leste	Seas Or	ing?
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	works	ial (	ester	ma	
19a. DATE OF OPERATION:   19b. MAJOR FINDINGS OF OPER	RATION				20. AUTOPSY
					Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factor OF office bldg., etc.) IIOMICIDE INJURY	ry, street,	CITY OR TOW	N)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not W Work □ At W.	hile	W DID INJUR	Y OCCUR?		
22. I hereby certify that I attended the deceased from	the state of the s	55 to Fe	6.8.1	9.56, that I	last saw the decease
alive on Feb 2, 1956, and that death occurre		2/8/srot	h the cause		
GORATURE (Degree or title)	a	1 TO	DRESS	Put 19	2/9/57
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF	CEMETERY OF	CREMATORY	LOCATI	ON (City, town)	or county) (State)
Burgar (Specify) Feb. 11, 1956 Oak La		CREMATORI		ate, Md.	
DATE REC'D BY LOCAL RECTTRAR'S SIGNATURE		UNERAL DIRE		inu.	ADDRESS
				9779 Dage	dalk Ave.
IN Mary 1.08 - awson to. 100	MALIOTT	rich rune	ral nome	S FILE DUI	dalk we.



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DECEINED ED

INSTRUCTIONS

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01542

### CERTIFICATE OF DEATH 1563

Reg. Dist. No. 35

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY Baltimore MARYLAND	STATE Md COUNTY Bulto	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give interest town) 1 (In this place)	CITY (If outside corporate limits, write RURAL end give nearest town) OR	
	X TOWN Parkton 10 4 10	TOWN Parkton	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rure) give location) ADDRESS	
	3. NAME OF DECEASED (First) (First) (Middle) (Middle) (TIPE OF Print) RICHARD	(Lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH Feb., 27 195	6
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower Jan	F BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24	HRS.
1	done during med of working life, even if refired)  Setuced  Farm.	11. BIRTHPLACE (State or formign country)  12. CITIZEN OF WHAT COUNTRY)  A	
	13. FATHER'S NAME	May the Galling	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	-
Ò	(Yes, no, or unk.) (If Yes, glys-wayor deles of service)	Mrs Ralph Lucett. Parkton Me	4
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH	
	332 X IMMEDIATE CAUSE (A) Cerebral	Thromboris 3 days	
	ANTECEDENT CAUSE(S) DUE TO		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
0	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO [	1
	21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, ferm, fectory, OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or Iown) (County) (State)	
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work et work	RIF. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from Let . 20	, 1956, 10 7 ab 2 3, 19 56, that I last saw the decea	sed
	alive on Feb. 22, 19.5 , and that death occurred at.		
10M	SIGNATURE	ADDRESS (Street, sity, town, stete) DATE SIGN	ED
1-55	23. BURIAL, CREMATION, DATE THEREOF, NAME, OF CEMETERY OR, C	CREMATORY LOCATION (City, town, or county) (State	6
A15C 1-55 10M	REMOVAL (SPECIFY)	mus Luth Bulta les Mis	1
VS	24. REC'D BY REGISTRAK REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR'S SIGNATURE ADDRESS +	7
	DATE 2-28-56 Mrs Howard S. Markelies.	Edel Cripton "Hempsleed	My

AV TERMITTIAS STATE DEPARTMENT OF MEALTH-SALTHARDED IN

HEART FOR PEATH

BUREAU V. S.

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DECENTED

### MARYLAND STATE DEPARTMENT OF HEALTH

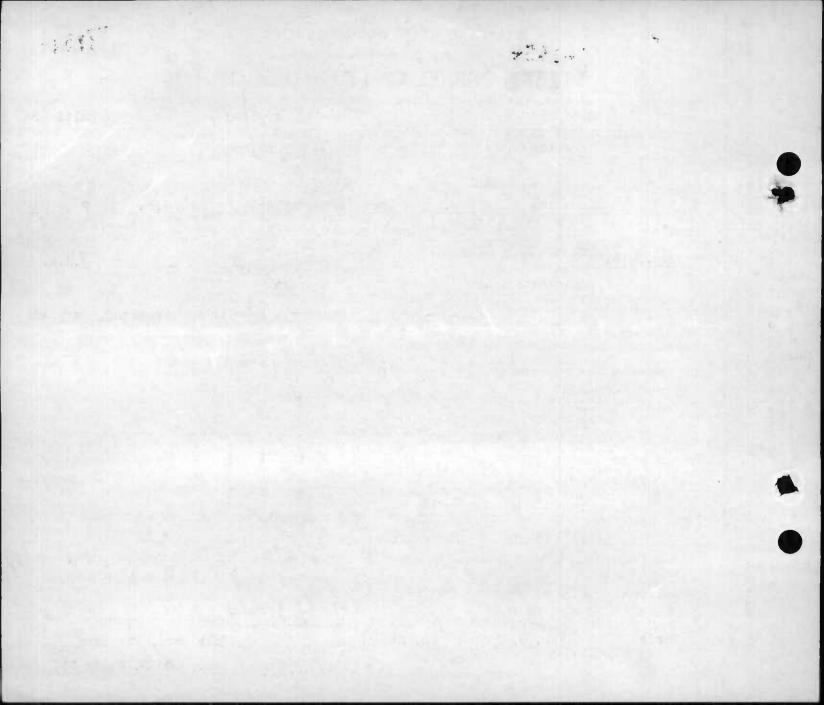
2411 N. Charles Street, Baltimore

01543

## 1564 CERTIFICATE OF DEATH

Reg. Dist. No.....

CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR TOWN OR give nagest town) Preeland  OR of the nagest town) Preeland  OR of the nagest town) Preeland  RESTREET ADDRESS  STREET ADDRESS  (If rural, give location)  DEATH Feb. 2  Sept. 1881  Formale  Formale  Sept. 1881  Formale  Formale  Sept. 1881  Formale  Formale  Sept. 1881  Formale  Sept. 1	1. PLACE OF DEATH. Bastimore	MARYLAND	2. USUAL RESIDENCE (H STATE Marylan	ome) of decease	COUNTY Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS  (If rural, give location)  (Institution)  (I	OR give nearest town) Transland	URAL and   LENGTH OF STAY	OR The Paris		L and give nearest town)
DECEASED (Type of Pint)    DECEASED (Type of Pint)   DECEASED (Type of Pint)   Sept.	HOSPITAL OR INSTITUTION OR			(If rural, give lo	cation) /
5. SEX Female White Widen Wite Widen	DECEASED Michalina			OF .	
10. USHAL OCCUPATION (Give kind of work done duples most of working life, even if retired)   10b. Kind of Business or   11. Birthelace (State or foreign country)   12. Cittien of Wilderton   12. Cittien of Wilderton   13. Fathers NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. Was Decreased Even in U.S. Anaeo Forces?   16. Social Security No.   17. Informant and address   17. Informant and address   18. MEDICAL CERTIFICATION   1	5. SEX   6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED, PROPERTY OR CED.	8. DATE OF BIRTH	9. AGE last hirthday	If under 1 year   If under 24 hrs.
13. FATHER'S NAME  15. WAS DECRASED EVER IN U.S. Anned Forces? (Yes, no, or unknown) (II) yes, give war or dates of the descense of the descen	done during most of working life, even if retir-	ork   10b. Kinn or Business or		foreign country)	12. CITIZEN OF WHAT COUNTRY?
It is not continue to the deet hut not related to the disease or conditions causing death.   County	13. FATHER'S NAME John Rata	0	Ida		
Immediate cause (a)	(Yes, no, or unknown)   (If yes, give war or de	ton of			eland, Maryland
Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the dest hut not related to the disease or condition causing death.  IPS. DATE OF OPERATION  IPS. DATE OF OPERATION  IPS. MAJOR FINDINGS OF OPERATION  IPS. DATE OF OPERATION  IPS. MAJOR FINDINGS OF OPERATION  IPS. MAJOR FINDINGS OF OPERATION  IPS. MAJOR FINDINGS OF OPERATION  INJURY  IN	I. DISEASES OR CONDITIONS DIRECT	LV LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
giving rise to the above cause ast stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the desth but not related to the disease or condition causing death.  IPAR DATE OF OPERATION	Immediate cause (a)	Cerebral	Kemor	nagu	10 days
II. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death hut not related to the disease or condition causing death.   Conditions contributing to the death hut not related to the disease or condition causing death.   Conditions contition causing death.   Conditions condition causing death.   Conditions contition causing death.   Conditions condition causing death.   Conditions contition causing death.   Conditions contition causing death.   Conditions contition causing death.   Conditions contition causing death.   Conditions contitions causing death.   Conditions causing death.   Conditions contitions causing death.   Conditions contitions causing death.   Conditions causing death.	giving rise to the above cause stating the underlying cause last		llosis	Construction and a first season and a subset when and a season and	regeale
Nowe   Place (Home, isrm, isctory, street.   (CITY OR TOWN)   (COUNTY)   (STATE)	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but n related to the disease or condition causing	ot Skeumatoid	Arthretis		1/5 years
SUICIDE  OF office bldg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from at work   How DID INJURY OCCUR?  23. I hereby certify that I attended the deceased from at work   ADDRESS   DATE SIGNED  ADDRESS   DATE SIGNED  ADDRESS   DATE SIGNED  ADDRESS   Location (City, town, or county) (State)  Burlal, Cremation   Date thereof   Name of Cemetery or Crematory   Location (City, town, or county)    Date rec'd by Local   Registrar's Signature   24. Funeral director   Address    Date rec'd by Local   Registrar's Signature   24. Funeral director   Address   Address	o none	/			Yes No lo
OF INJURY  m. While at Work   Not While   At work    22. I hereby certify that I attended the deceased from an 23 , 1956, that I last saw the deceased alive on the investment of the causes and on the date stated above.  SIGNATURE   Degree or title   ADDRESS   DATE SIGNED  ADDRESS   DATE SIGNED  23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)    23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)    24. FUNDERAL DIRECTOR   Maryland    DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR   ADDRESS    ADDRESS   ADDRESS   DATE   DATE CONTROLLED   DATE SIGNATURE   DATE CONTROLLED   DATE SIGNATURE   DATE CONTROLLED   DATE SIGNATURE   DATE CONTROLLED   DATE SIGNATURE   DATE CONTROLLED   DATE CONTRO	SUICIDE	OF office bldg., etc.) NJURY			COUNTY) (STATE)
alive on the interest in the causes and on the date stated above.  SIGNATURE  Compared of title)  ADDRESS  DATE SIGNED  ADDRESS  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	OF	While at Not While	HOW DID INJURY OCC	CUR?	
SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  ADDRESS  SURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)   (State)  REMOVAL (Specify)   Feb. 6, 1956   St. Stanislaus   Baltimore, Maryland    DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR   ADDRESS	1 / / /	//	-0061		
REMOVALISPECTY) Feb. 6, 1956 St. Stanislaus Baltimore, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS		, and that death occurred at.	3 m., from the	causes and on the	date stated above.
REMOVALISPECTY) Feb. 6, 1956 St. Stanislaus Baltimore, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	James Schata	not M. W.	New Ireldo	m, la.	2/2/36
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS			slaus	Baltimore.	Maryland
Lilly, & Zeiler Inc., 403 S. Wolfe St.	DATE REC'D BY LOCAL REGISTRA REG.	R'S SIGNATURE		R	ADDRESS



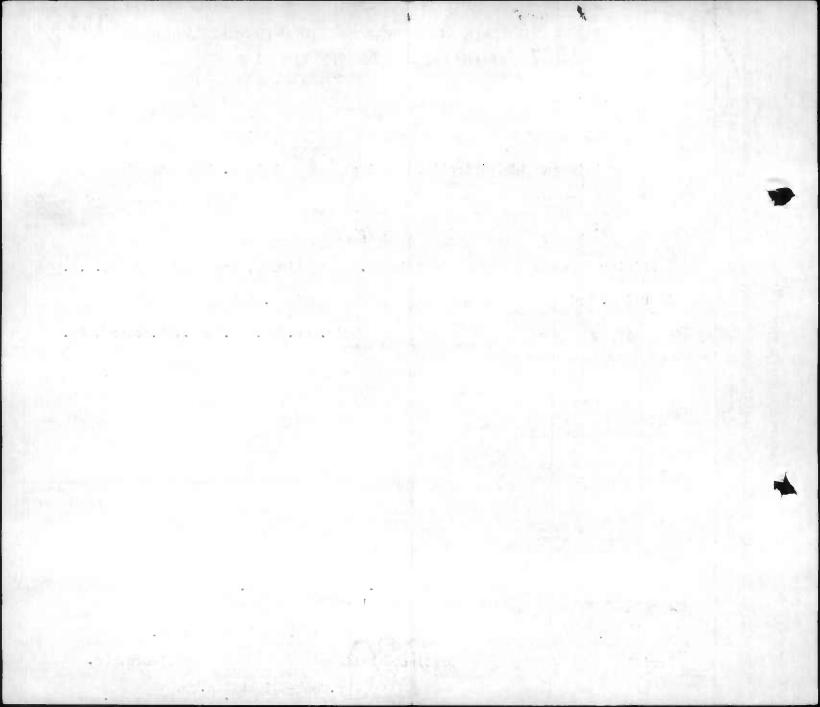
	The	MARYLAND STATE DEPARTMENT Item 8, FilmG193 3-6-56 e		1)1544
item of information carefully.	Š.	1565		
	ful	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
	are	COUNTY Balto. MARYLAND	STATE MdBalto	
	100	OR and give nearest town of TOWN CITY (If cutside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL a or Town Overlea	nd give nearest town)
	ormal	HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Fuller Ave.	STREET (If rural give locotion) 7 Fuller Ave.	/
4	em of inf death cl	3. NAME OF (First) (Middle) (DECEASED: (Type or Print) Burleigh E. Turner	The state of the s	(Year) 5, 1956
1		5. SEX: 6. COLOR OR 7 SINGLE, MARRIED, B. DATE WIDOWED, DIVORCED. WIDOWED, DIVORCED. Specification Dec.	1004	Bays Hours   Min.
57	causes	OA USUAL OCCUPATION (Give kind of 103, KIND OF EUSINESS work done during most of working life. OR INDUSTRY:  even if reticol erk Hotel	11. BIRTHPLACE (State or foreign country): 12. Virginia	CITIZEN OF WHAT
Se l	pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDIN		Unknown	Unknown	
	K. Su write	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
FOR	INI Se v	(Yes, no or unk.) (If Yes, kive war or dates 216-09-8274	( Wife) 7 Fuller Ave.	
RESERVED	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	my thromlow	INTERVAL BETWEEN ONSET AND LEATH
ES	UNF	ANTECEDENT CAUSE (S)	1 t	
MARGIN R	WITH UN	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  (DUE TO	relestion commany	24/12
RG		(c)	and disease	
MA	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
<b>A</b>	WRITE PLAINLY especially import	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	TE PLA	21A ACCIDENT WAS UNDERLYING [] 21B. PLACE (Home, farm, fact OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	oty. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
	400	OF INJURY  OF INJURY	21F. HOW DID INJURY OCCUR?	namo + 4 + 1 con anno anno 1 - applipa di l'angliga di grandi a
	o E	22. I hereby certify that I attended the deceased from	, 1934 to 7 de, 1934 that I last	saw the deceased
53 a E	TYPE	alive on 7 19 3 and that death occurred at	M, from the causes and on the date	stated above.
			TRY OR CREMATORY   LOCATION (C.t.), town, or	county) tstatel
A15	PLEASE	Burial (Specify) Feb. 28,56 Parkwood	Cem. Balto. Md.	
S.	PL	DATE PEC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
-	100	2.2) 36 Walteduck	Paul A. Heemann 6067 Har	Tora Ra.

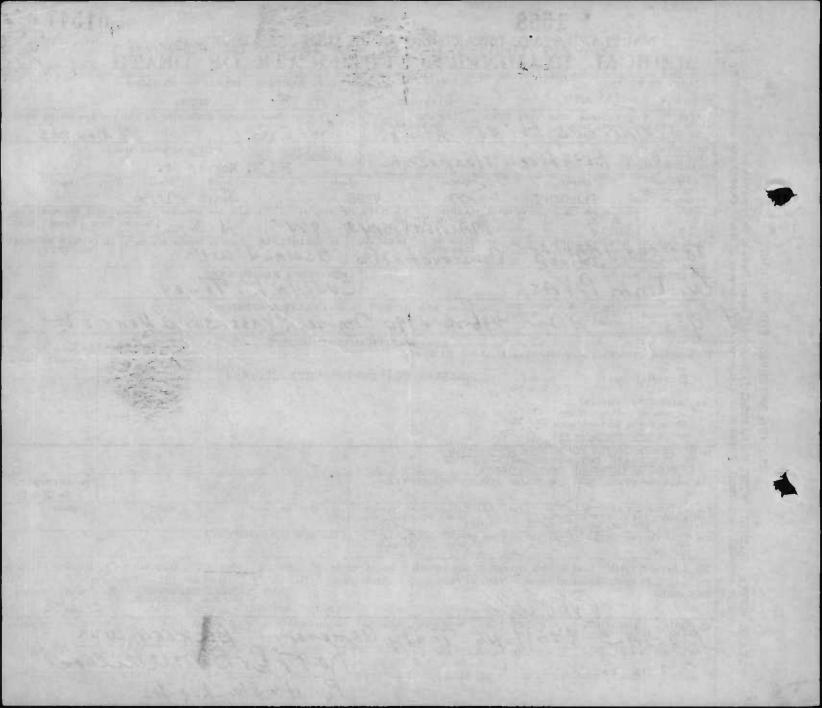
DEOL Percentien

BUREAU V. S. BECEINE

Accept the contract of the second contract and

-	567 CI	ERTIFICAT	E OF DEA'	TH Reg.	Dist. No.	7
I. PLACE OF DEATH:			2. USUAL RESID	ENCE (HOME.) OF DECE	ASED:	
COUNTY Baltim	ore	MARY! AND	STATE Mar		Russ	-
CITY (If outside corporat	e limits, write RUR	MARYLAND AL LENGTH OF STAY	CITY(If outside	yland County corporate limits, write RUR	AL snd give	nearest
OR and give nearest to		(in this place) 9 Days	TOWN Bal	timore (6)		X
HOSPITAL OR INSTITUTION OR STREET ADDRESSVOTO	rans Adminis		STREET	(If rural give loca		1
3. NAME OF (Firs		Middle)	(Last)	4. DATE (Month)	(Day)	(Year
DECEASED: (Type or Print) PE	ERCY	(MMI) U	RIE	ог реатн: Гертиа	mv 25	19
5. SEX: 6. COLOR OF RACE: White	R 7. SINGLE. MA WIDOWED, (Specify): M	RRIED. 8. DATE		9. AGE last birthday Month	ER 1 YEAR IF	OUTS
OA. USUAL OCCUPATION (G	Give kind of   IOB. K	IND OF BUSINESS		(State or foreign country):	12. CITIZE	N OF V
work done during most of we even if Partiter For	eman Gas	& Electric Co	Baltimor	e. Marvland	U.S.	
13. FATHER'S NAME:			Baltimor	AIDEN NAME:		
Samuel H. Uri	Le		Annie V.	Downey		
(Yes, no, or unk.) (If Yes, give of service)		. SOCIAL SECURITY NO.			was M	2
Yes of service) WW-I 12/2-05-5/33 Clin.Rec.Vet.Adm.Hosp.,Ft.Howay						AL BET
I DISEASES OR CONDITIO	ONS DIRECTLY LEA	DING TO DEATH			1	AND
MMEDIATE CAUSI	F (A		C ANEMIA		UNE	KNOWN
ANTECEDENT CAUSE	DUE					
DISEASES OR CONDITIONS	S, IF ANY. (B	)				
	S, IF ANY. (B					
DISEASES OR CONDITIONS GIVING RISE TO THE ABOV STATING UNDERLYING CA	S, IF ANY. VE CAUSE USE LAST. (C	то				
DISEASES OR CONDITIONS GIVING RISE TO THE ABOVE STATING UNDERLYING CAI  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT	S, IF ANY, VE CAUSE USE LAST. (C ONDITIONS CONTE	TO ) RIBUTING				
DISEASES OR CONDITIONS GIVING RISE TO THE ABOVE STATING UNDERLYING CAL  II OTHER SIGNIFICANT CO	S, IF ANY, VE CAUSE USE LAST.  (CONDITIONS CONTE T RELATED TO THE N CAUSING DEAT	TO ) RIBUTING	N			
DISEASES OR CONDITIONS GIVING RISE TO THE ABOVE STATING UNDERLYING CAI  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION	S, IF ANY, VE CAUSE USE LAST.  (CONDITIONS CONTE T RELATED TO THE N CAUSING DEAT	TO ) RIBUTING	N			AUTOP.
DISEASES OR CONDITIONS GIVING RISE TO THE ABOVE STATING UNDERLYING CAI  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDER DR CONTRIBUTING CAUSE	S, IF ANY, VE CAUSE USE LAST.  (CONDITIONS CONTE F RELATED TO THE N CAUSING DEAT 19B. MAJOR FIN	TO ) RIBUTING	tory 21c WHERE I	DID (City or town) (CR?	20. YES (	-
DISEASES OR CONDITIONS GIVING RISE TO THE ABOVE STATING UNDERLYING CAI  II OTHER SIGNIFICANT COUNTY TO THE DEATH BUT NOTE DISEASE OR CONDITION  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	S, IF ANY, VE CAUSE USE LAST.  (CONDITIONS CONTE F RELATED TO THE N CAUSING DEAT 198. MAJOR FIN  RLYING 218. F OF DEATH CAMINER)  Year) (Hour) 21 W	TO ) RIBUTING H IDINGS OF OPERATIO	etc. 21c. WHERE I	DID (City or town) (CR?	YES	C No
DISEASES OR CONDITIONS GIVING RISE TO THE ABOVE STATING UNDERLYING CAI  II OTHER SIGNIFICANT CONTROL TO THE DEATH BUT NOTED TO THE	S, IF ANY, VE CAUSE USE LAST.  (CONDITIONS CONTE RELATED TO THE N CAUSING DEAT 198. MAJOR FIN RLYING	TO ) RIBUTING H	etory. 21c. WHERE I , etc. INJURY OCCU	R?	YES (	(Stat
DISEASES OR CONDITIONS GIVING RISE TO THE ABOVE STATING UNDERLYING CAT  II OTHER SIGNIFICANT CONTO THE DEATH BUT NOTED TO THE CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXECUTED TIME (Month) (Day) (NOTED TO THE CONTO THE	S, IF ANY, VE CAUSE USE LAST.  (CONDITIONS CONTENT RELATED TO THE N CAUSING DEATH 19B. MAJOR FIN CAMINER)  Year) (Hour) 21B. FO FIN. CAMINER)  YA M. at Tattended the d	PLACE (Home, farm, face bldg.  E INJURY OCCURRED Not white work at work eccased from Feb.	21c. WHERE INJURY OCCU 21f. HOW DID 21f. HOW DID 31c. 1956, to .F	eb. 25, 1956, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	County)	(State
DISEASES OR CONDITIONS GIVING RISE TO THE ABOVE STATING UNDERLYING CAI  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21D. TIME (Month) (Day) (NOTE TO THE CONTRIBUTION)  22. I hereby certify that  31A ACCIDENT WAS UNDER 21D. TIME (Month) (Day) (NOTE TO THE CONTRIBUTION)  ACCIDENT WAS UNDER  22. I hereby certify that	S, IF ANY, VE CAUSE USE LAST.  (CONDITIONS CONTENT RELATED TO THE N CAUSING DEATH 19B. MAJOR FIN CAMINER)  Year) (Hour) 21B. FO FIN CAMINER)  YA M. at XXXXXXX and the RK	PLACE (Home, farm, face bldg.  E INJURY OCCURRED Work at work at death occurred at the second state of the	21c. WHERE INJURY OCCU  21f. HOW DID  16, 1956, to F  18: 25PM, from the Address  1. D. VAH. FO	eb. 25, 1956, XXXXXX he causes and on the dis	County)  County)  Att XXXX  ate stated  DATE SIGN	(State
DISEASES OR CONDITIONS GIVING RISE TO THE ABOVE STATING UNDERLYING CAI  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21D. TIME (Month) (Day) (1) OF TINJURY  22. I hereby certify that	S, IF ANY, VE CAUSE USE LAST.  (CONDITIONS CONTER RELATED TO THE N CAUSING DEATH 19B. MAJOR FIN CAUSING DEATH CAMINER)  Year) (Hour) 21B. FOR CAUSING DEATH CAMINER)  YA Attended the d	PLACE (Home, farm, face bldg.  E INJURY OCCURRED Work at work at death occurred at the second state of the	21c. WHERE INJURY OCCU 21f. HOW DID 31c. 1956, to F 31c. 1956,	eb. 25, 1956, XXXXXX he causes and on the dis	YES (County)  Last Asw X  ate stated  DATE SIGN  n, or county)	(State





MARGIN RESERVED FOR BINDING

## 1569

## CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	Maryland Bellemore
CITY (If outside corporate thits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside comporate limits, write RURAL and give nearest town)
Y TOWN speaker 20 select	TOWN Meavelle X
HOSPITAL OR INSTITUTION OR 12 2 4 + P	STREET (If rural, give location)
STREET ADDRESS 1703 Teasterstown 12	103 Teesterstown Fds
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ED TINE FIZA-DEL	H VAUOHN   DEATH Retrace 14 196
5 SEX ) 6. COLOR OR RACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under. I year If under 24 hr Months, Days Hours Min
Jemsle Witte WIDOWED, DIVORGED, (Specify) Market	October 1/192/1 34 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign codntry)  12. CITIZEN OF WHAT COUNTRY?
deugend e	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	THE MOTHER BUILDIN WANTE
IF Way Decrease From It I C. Anger Page 2 1 1 Comment	17 INCORMANT AND ADDRESS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service) NON0 219-28-9073	17. INFORMANT AND ADDRESS
(Yes, no, or inknown) (If year, give war or dates of 219-28-9073	The Clevery Courses 1103 Restriction Ide
18. MEDICAL CE	ETIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
171X (400	some to with acres lead to use
Immediate cause (a)	way was your
Antecedent cause(s)	
Diseases or conditions, if any, (b) Mulastana	
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	- 40 / -
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	How DID INJURY OCCUR?  20, 1955, to 344 14, 1956, that I last saw the deceased
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Mork   At work   22. I hereby certify that I attended the deceased from	20, 1955, to Feb. 14., 1954, that I last saw the deceased
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from the latter alive on 13, 1956, and that death occurred at the latter alive on 15	- 40 / -
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While at Not While At work   22. I hereby certify that I attended the deceased from the latter alive on 1956, and that death occurred at the latter alive on 1956, and that death occurred at the latter alive on 1956.	20, 1955, to Fifth, 1956, that I last saw the deceased 1:10. A.m., from the causes and on the date stated above.
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While at Not While at Not While At work   At work    22. I hereby certify that I attended the deceased from At work   At work    alive on	20, 1955, to Fifth, 1956, that I last saw the deceased 1:10. A.m., from the causes and on the date stated above.
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While at Not While at Not While At work   At work    22. I hereby certify that I attended the deceased from At work   At work    alive on	20, 1955, to 24, 1, 1956, that I last saw the deceased ADDRESS DATE SIGNED DATE SIGNED (City, town, or county) (State)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not Work   At work    22. I hereby certify that I attended the deceased from Clause (Degree or title)  23. BURIAL CREMATION DATE   NAME OF CEMETE REMOVAL (Specify)   Feb. 18, 1956   Cater'S Bapti	ADDRESS  Am., from the causes and on the date stated above.  DATE SIGNED  CRY OR CREMATORY LOCATION (City, town, or county) (State)  ist Cometery Lutherville, Balte.Co., Md.  ADDRESS  ADDRESS
TIME (Month) (Day) (Year) (Hour) While at Not While at Work At work   22. I hereby certify that I attended the deceased from At work alive on Attended the deceased from (Degree or title)  23. BURIAL CREMATION DATE NAME OF CEMETE REMOVAL (Specify) Feb. 18, 1956 Sater'S Bapti	20, 1955, to 24, 1, 1956, that I last saw the deceased ADDRESS DATE SIGNED DATE SIGNED (City, town, or county) (State) ist Cometery Lutherville, Balte.Co., Md.

BUREAU V. S. FEB 29 1692

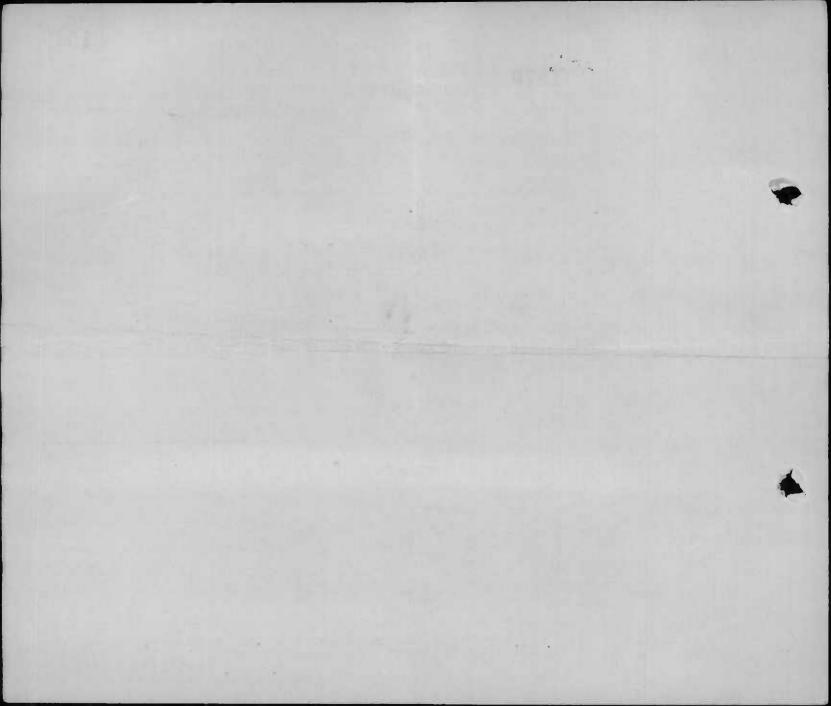
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is expecially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Red Diet No.

I. PLACE OF DEATH. COUNTY  A A TOMAN MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY
OR give nearest town) TOWN (in this place)	OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS / 80 4 Kg Kwdall Cou	STREET (If rural, give location) ADDRESS 1559 Homestead Street #18
3. NAME OF DECLASED (Type or Print) Mrs. (First) Josephine B.	Walther   4. DATE (Month) (Day) (Year) OF DEATH February 18th 19 5
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  at home	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mnknown (Stein)	Unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mr. August Michael Walther, 1559 Homestead
	CERTIFICATION
	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	QNSET AND DEATH
Immediate cause (a)	dry Occhien Julden
Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause	Tensine Cardis-Renal
stating the underlying cause last	recelar Desease 5 yes.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	Yes No N
21. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m, work at work	HOW DID INJURY OCCUR?
SIGNATURE (Degree or title)  THE	ADDRESS  DATE SIGNED  TERY OR CREMATORY   LOCATION (City, town, or county) (State)
DATA READ BY LOCAL   REGISTRAR'S SIGNATURE 2	
The 30 1957 1.W Hedrich	Leonard J. Ruck, 5305 Harford Road #14
1 V	



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH 1400

1. PLACE	OF DEATH			· · · · · · · · · · · · · · · · · · ·	2. USUAL	RESIDEN	CE (HOME) OF	DECEAS	ED	
COUNTY	Baltimor	9	MARYL	AND		Md.	COUN		Salto	
OR en	outside corporete limits, wand give neerest town)		LENGTH O		OR		ate limits, write RUR	AL and give n	earest town)	
TOWN		butus			TOWN	Arbut				31
HOSPITAL INSTITUTION STREET AL	ON OR	ownton	Rd.		STREET	1050	Downton	Rd.	n)	1
3. NAME O			(Middle)		(Last)		4. DATE	(Month)	(Day)	(Yaar)
(Type or P		ge	E.	Wa	rd		DEATH	Feb.	4,	195
5. SEX	6. COLOR OR RACE	7. SINGLE, A	D. DIVORCED.	8. DATE OF	BIRTH	9	. AGE lest birthday	Months	ER 1 YEAR	Hours
M.	W.		ivorced				00	res.		
done duri	OCCUPATION (Give kind o ing most of working life, e		OR INDUSTRY	100	11. BIRTHPLACE (	State or foreig	n country)		COUN	
	Machinist	B&	0 Railr	oad	Maryl				U.S	5.A.
13. FATHER'S		. W			14. MOTHER	'S MAIDEN N				
15 11115 054		s Ward	I 16. SOCIAL SEC	NIDITY NO	17 15050	Lau RMANT & A				-
(Yes, no, or un	EASED EVER IN U. S. ARI		10. SOCIAL SEC	LUKIT NO.						Rd
						Doris	Ruedig	er, Lu		ownto
I DISEASES (	AR COMPLETIONE DIRECTLY	Y LEADING TO DE	IS, ME	DICAL CER	TIFICATION				INIE	RVAL BETW
	OK CONDITIONS DIRECTLY			I I	1	_	1	1 .		SET AND DE
00.10		(A) A		'o sJe	PROTIC	EN	cepha	boat		SET AND DE
334X	IMMEDIATE CAUSE	(A) A		050	PROTIC	1 1	cepha		hy	
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334X	IMMEDIATE CAUSE ANTECEDENT CAUSE(S)	(A) A DUE TO  (B) DUE TO		os Je	ebra	1 1			hy	
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HOSPITAL: The law requires that the death certificate be INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIAN

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hours after death.

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## TIME CERTIFICATE OF DEATH

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

571 CERTIFICATE OF DEATH

eg. Dist. No. 38

1011	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimere
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWSON  CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1836 Lech Shiel Read	STREET (If rural give location) ADDRESS 1836 Loch Shiel Road
S. NAME OF (First) (Middle) ( DECEASED: (Type or Print) MAURICE HARDESTY WARD	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: February 3, 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify): Married October	9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   30, 1888   67   yrs.   Months   Days   Hours   Min.
work done during most of working life, IOB. KIND OF BUSINESS OR INDUSTRY:  Ice Paralle 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland  USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Asa Ward	Ida E. Hardesty
15. Was Deceased Ever In U.S. Armed Forces: (Yes, no, or unk.) (If Yes, give war or dates of service) None None	Mrs. Mattie P. Ward, Towson, Maryland
18. MEDICAL CERTIFICATI	
33 IMMEDIATE CAUSE ANTECEDENT CAUSE (8)  (A) DUE TO	heaf Thrombacis 72 hes
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  UE TO  (C)	entere la est 69 :
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	The state of the s
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE PREMOVAL (SPECIFY) Feb. 6,1956 Prespect Hil	M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  ADDRESS  DATE SIGNED  COLUMN (City, town, or county)  Commetery  Towson, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	John Burns' Sons, Towson, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

A15-

VS.



BUREAU V. E.

EEB 0 1020

DECENTED

ATTENDING PHYSICIAN

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1572

## CERTIFICATE OF DEATH

30 Reg. Dist. No.

1. PLACE OF I	DEATH			1	. USUAL	RESIDEN	CE (HOM	E) OF D	ECEASE	D		
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OR and give	neerest town)	nsville	(in this place)		OR TOWN	Owing	e 111	lle N	5.7		N.	
HOSPITAL OR					STREET	OMTITE	N DIL.		va location)		7	
INSTITUTION OR			nes		ADDRESS						-	
44	TO LARGETI	ng Ave				Owing	-					
3. NAME OF DECEASED	(First)	(A	(iddla)	(La	ast)		OF	TE (Mo		(Day)	(Yai	(1)
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	John Wal	leh				7./	lary !	Pueke	ירב			
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ANTECE DISEASES OR CONE GIVING RISE TO TH STATING UNDERLYIN  II OTHER SIGNIFICAT TO THE DEATH BU DISEASE OR CONE 19e. DATE OF OPERA 21e. ACCIDENT WAS OR CONTRIBUTING  (IF EITHER, NOTIFY ME 21d. TIME OF INJURY 22. I hereby alive on SIGNATOR	DIATE CAUSE  DENT CAUSE(S)  DUE  DITIONS, IF ANY, (E  E ABOVE CAUSE  ING CAUSE LAST.  OUT  ONT CONDITIONS CONTRIB  T NOT RELATED TO THE  DITION (19b. M.)  S UNDERLYING (10b.)  CAUSE OF DEATH (10b.)  (Month) (Dey) (Yee  CERTIFY that I aftend  TON, (10b.)  DATE TH	A)  TO  B)  TO  BUTING  AJOR FINDINGS OF THE PLACE (Home, FINJURY street, off While at worded the decease the place of the	OPERATION  farm, fectory, ice bidg., etc.)  NJURY OCCURRED Not white at work ed from	21c. 21c. 21f. D. TSTERY OR CREE	WHERE DID IN  19.5.5.  MATORY	NJURY OCCUR  To the ca	? (City or to	Uppown)  ., 19. J on the et, city, tow	(Cou	ON:  20 YES  nity)	D. AUTOPS  (State	Y?

## HTARG TO STADISTREED ....

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

#### 01553 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1573 CERTIFICATE OF DEATH

Reg. Dist. No.....

38

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
county Baltimore	MARYLAND	STATE Maryl		Baltimore	
OR end give neerest town)	LENGTH OF STAY (in this plece)	CITY (If outside corpor OR	rate limits, write RURAL	and give neerest town)	
√ TOWN Parkville	( )		ville	X	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS		ve locetion)	
STREET ADDRESS 3011 Hiss Avenue		3011	L Hiss Aven	ue	
	Middle)	(Lost)	4. DATE (Mo		
(Type or Print) Mr. Lloyd A.	Westley		DEATH	Feb. 1, 1956,	
5. SEX 6. COLOR OR 7. SINGLE, MARRII RACE WIDOWED, DIV	ED, 8. DATE C	OF BIRTH S	P. AGE lest birthdey	IF UNDER 1 YEAR IF UNDER 24	
male white (Specify) ma	rried May	25. 1886	69 yrs.	Months Deys Hours	Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT	Tes
done during most of working life, even if relired Tool & Dye Worker	INDUSTRI	Baltimore, Ma	ryland	12. CITIZEN OF WHAT	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME		
Henry Westley		Ida Raine			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	2-10-9595	Mrs. Mildr	ed Westley	, 3011 Hiss Ave	
	18. MEDICAL CER			INTERVAL BETWEE	N
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEAT	IH
420 . IMMEDIATE CAUSE (A)	carary	efucion o	core	1/2-00	
ANTECEDENT CAUSE(S) DUE TO	Trains ada.	throne	1)		
GIVING RISE TO THE ABOVE CAUSE	and con	price of			
STATING UNDERLYING CAUSE LAST. DUE TO					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			C. C.		
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY? YES NO	7
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. Whil-	e Not while	21f. HOW DID INJURY OCCUR	.7		
M.   et wo	211	1055 10 \$	1/ 1054	shael last saw the decom	
22. I hereby certify that I attended the decear	sed from	930		, mar i last saw me decea	1200
SIGNATURE	that death occurred at	ADDR	RESS (Street, city, tow	n, slete)  DATE SIGN	VED
Handa O. and	M.D	4. 11 .	0 4 0	. /.	152
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county) (Stell	0)
REMOVAL (SPECIFY) Burial Feb 4, 1956	Parkwood				
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	re, Md.	-
DATE B 3 1000 Dr. a. 1	n. Racon	Leonard J. R	uck, 5305	Harford Road #14	
1956	X				-

STARGEO BLANKINGS STEEL The street continues concert a see and restlicting the long of the first the second constant of the second An and CANCEL STRUMENT COLOR 19-22 N 18- FE San hereray are the And related in Assent has are no intermediate a contract of the contract FEB 6 1956 translation of the state of the state of Ed Carrier V - Charles

1574 CERTIFICATI	E OF DEATH Reg. Dist	. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Balto. MARYLAND	STATE IId . COUNTY	et
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWSON  CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL of OR TOWN TOWSON	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1718 Redwood Ave.	STREET (If rural give location) ADDRESS 1718 Redwood Ave.	
DECEASED:	(Last) 4. DATE (Month) ( OF DEATH: F9b.	Day) (Year) 10, 1956
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE: WIDOWED, DIVORCED.	9. AGE last birthday   1894   9. AGE last birthday   Months   1	YEAR IF UNDER 24 HRS. Days Hours Min.
work done during most of working life, even if retired):  Bethlehem Steel	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edward N.Whaley	Lillian M. Wilson	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:  Mrs. Pearl D. Whaley - 1718	Redwood Ave
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (S)	ach of Hemorehan	- January
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	Cerobral Hemorrhage erebral Hemorrhage	1949
STATING UNDERLYING CAUSE LAST.  (C) Seulralize	of Arterioscherosis	5
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Tension	2
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OF RATIO	N	20. AUTOPSY?
0		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		ty) (State)
OF INJURY  OF INJURY  OF INJURY  OF INJURY  OR INJURY  OR INJURY  OR INJURY  OR INJURY  OR INJURY  OR INJURY  M.   21E INJURY OCCURRED  While   Not while   at work   at work   at work   Injury  OR INJURY		
22. I hereby certify that I attended the deceased from 6-2;	5-, 1954, to 2-10-, 1956 that I last	saw the deceased
SIGNATURE Cobert Hive) M	6.45 pM, from the causes and on the date ADDRESS DA 1.D. 3105 n. Charles St. 2-	TE SIGNED
Burial 2/13/56 Druid Ridge	e Cem Pikesyi	lle. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS/ W/

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Andrew Call Control CHARLEST CONTRACTOR

SANTER OF

(Day)

(Year)

19 56

Hours

INTERVAL BETWEEN

ONSET AND DEATH

UNKNOWN

(State)

(State)

20. AUTOPSY NO

11. Md.

(County)

Baltimore National Cemetery Baltimore, Maryland

Www.Cook-Blight, Inc., 6009 Harford Rd., Balto.

24. FUNERAL DIRECTOR

DATE SIGNED

UNKNOWN

COUNTRY?

U. S. A.

d' 国

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAR'S

STREET, BUT SCHOOL	4.5 6. ve	
A. A. C. L.		
BURE CONTROL NO.		

VS A15 (4)

15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 9, FilmG193 3-7-56 et CERTIFICATE OF DEATH 11556 Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Raltimore Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Daniels Deniels d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 107 Lower Brick Row 107 Lower Brick Row YES NO 4. DATE OF DEATH NAME OF First Middle Lost Month Day Year DECEASED 2] 1956 (Type or print) PATTERSON WHITTEY Feb. WALTER 5 SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH last birthday) Months DIVORCED T WIDOWED [ Male White 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? North Carolina Retired Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IInknown linkr.com 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address James Shifflett Rt.2 Elkton. Va. 7-26-6696 No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART f. DEATH WAS CAUSED BY: nneileu romary IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** Parcho - Passular Disease 2 years couse (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PI 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) AEDI factory, street, office bldg., etc.) a. m. While Not while at work at work an 10 1956, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 5 7. M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Ellicott City. NAME (Type) William F Gaggaway 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria: 2-24-56 Good Shenherd Ellicott City Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 240. REC'D\_BY REGISTRAR F.C. Higinbothom, Ellicott City, Md.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, Film CERTIFICATE OF DEATH

Reg. Dist. No.

Balto. Md.

ADDRESS

1577 CERTIFICATI	E OF DEATH Reg. Dist.	No. /
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	): :
COUNTY Balto. MARYLAND	STATE Md. COUNTY	Baktiymoya
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville	CITY(If outside corporate limits, write RURAL a OR TOWN CATON AND BALLING	re 3/11.4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home	STREET 3900 Edmondson Avenu Paradise / L/Litemont /	ie tye.
S. ITAME OF	(2000)	Day) (Year)
(Type or Print) IDA GERTRUDE WI	LEY DEATH: Feb.	8 19 56
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, WIDOWED, DIVORCED, (Specify): married Dec.	OF BIRTH: 9. AGE last birthday Months D	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	fi. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
hou sewife   at home	14. MOTHER'S MAIDEN NAME:	
	Amanda Schull	
John R. Carroll  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates		MA
no of service) none	Mr. Roger C. Wiley - Balto.,	
18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN ONSET AND DEATH
	1	
IMMEDIATE CAUSE (A) CREBRAL V	regular acordent	15 minules
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Eclerosis, cerebral	Ungun
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	30000	
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
a Sale of OPERATION.		YES NO P
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory. 21c. WHERE DID (City or town) (Coun, etc. INJURY OCCUR?	ty) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from [2-1	16 , 1955, to 2-8 , 1956 that I last	saw the deceased
alive on 2-7, 1956, and that death occurred at	3 A M, from the causes and on the date	
Malues on Maluess N	A. D. CATCHE WILL 28 MA	2-8-54

Moreland Mem. Pk.

SIGNATURE

VS. A15 - 10 - 53

item of information carefully. The

Supply every

UNFADING INK.

OR WRITE PLAINLY, WITH

TYPE

PLEASE

Burial

BY LOCAL

DATE REC'D

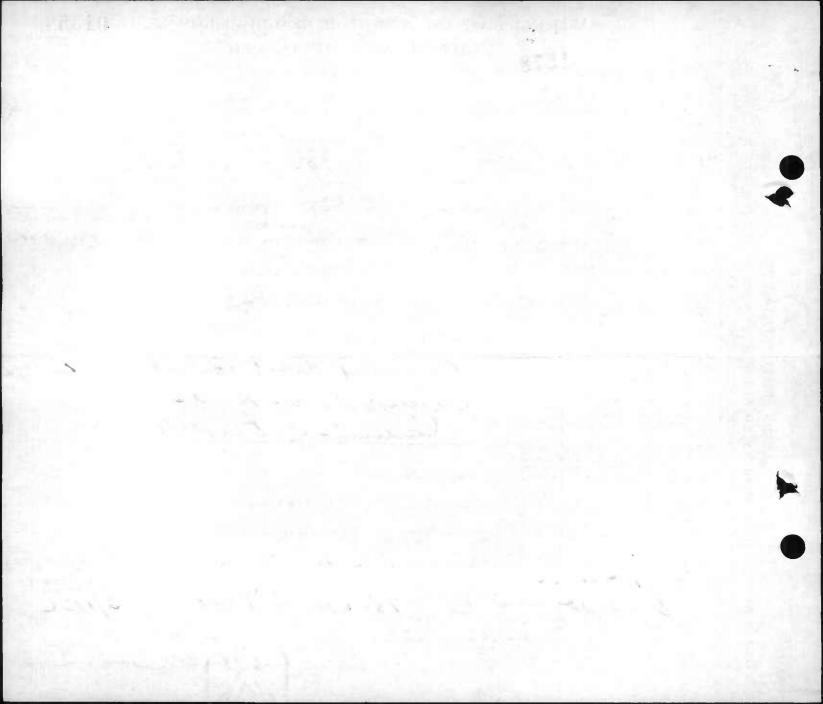
FOR BINDING

MARGIN RESERVED

### 01558 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

19/8		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BILL MARYLAND	STATE Med COUL	NTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL a	and give nearest town)
OR and give nearest town) (in this place)	TOWN Dundalh	53
HOSPITAL OR INSTITUTION OR	STREET (If rural give location	1)
90 STREET ADDRESS Ridgery Manon	2830 Southbook	Rd
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	
(Type or Print)  5. SEX:   6. COLOR OR   7. SINGLE MARRIED.   8. DATE	OF BIRTII: 9. AGE last birthday: IF UNDER 1	19 S L
RACE: WIDOWED, DIVORCED,	Months   D	Days Hours   Min.
M W (Specify): Widow Ich	22 /818 78 yrs.	CITIZEN OF WHAT
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	R II. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Coul De Com	Lanin Rouston	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS:	1 41 1
service)	ne. Minner Wilson 2830 d	Inthorse
18. MEDICAL CERTIFICAT		Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	( , = .0 =	Onset And Death
177x	a Reset tacher	2 days
Immediate cause (a)		
Antecedent causes (s)	- Co. To Went Disease	0
Diseases or conditions, if any, giving rise to the above cause	ccesuc -	
stating the underlying cause last. DUE TO	5 00 Parlato	
(c) Carlin	one of 1 core	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At Work		
22. I hereby certify that I attended the deceased from	C.1956 to clash, 19 , that I last	saw the deceased
Tel 21 -1		
alive on 19, and that death occurred at	from the causes and on the date	atted above.
Nousella Beno my 75	26 Holaful Ord 3	11/50
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town or	ounty) (State)
REMOVAL (Specify)	Com Consellions M	n d
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR	1112 1 From Home 2112 Dun	lalk au



A15A - 5 - 53

# DEPARTMENT OF HEALTH—BALTIMORE, 18

01559 Reg. Dist.

#### CERTIFICATE MEDICAL EXAMINER'S OF DEATH

MEDICAL EXAMINATION OF CERT	INTOAIL OF DEATH	NO
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Penna COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Md. LENGTII OF STAY (In this place) Town Reisterstown, Md.	CITY (If outside corporate limits write RURAL and OR TOWN Philadelphia	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOND Avenue	STREET (If rural, give location) ADDRESS 4530 Pine Street	1
3. NAME OF (First) (Middle) DECEASED: Hannah B. Wil	(Last) 4. DATE (Month) (Day) OF DEATH Feb. 20	(Year) 19 56
F. RACE: W. WIDOWEDS PHYSICED, Apr	OF BIRTII: 9. AGE last birthday: IF UNDER I YI Months Day	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life even if retired): Retired Teacher	R   11. BIRTHPLACE (State or foreign country):   12.   Maryland	CITIZEN OF WHAT
13. FATHER'S NAME:  John E. Wilson	Hannah B. Broomall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS: Fred Wilson Reisterstown, 1	nd.
18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  (a) Coronary Occlus:  DUE TO	ion	ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	C-V Disease	3 mos.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	none	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
none none none 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory	,   21c. (City or town) (County)	Yes No 24 (State)
PRIMARY Or CONTRIBUTING OF Street office bidg., etc.	none	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY NONE M. work \( \begin{array}{c ccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes [X, Accidental Signature 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	dent  , Suicide  , Homicide  , Undeter  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  M. D. ASSISTANT MEDICAL EXAM.	mined cause  DATE SIGNED 2-21-56
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or con	
Burial Feb. 22,56 Elkton Cem	netery Elkton Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-21-56 REGISTRAR'S SIGNATURE	J.F.Eline & Son's Reisters	town, Md.

DECEDAED

BUREAU V. S.

VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH 1580

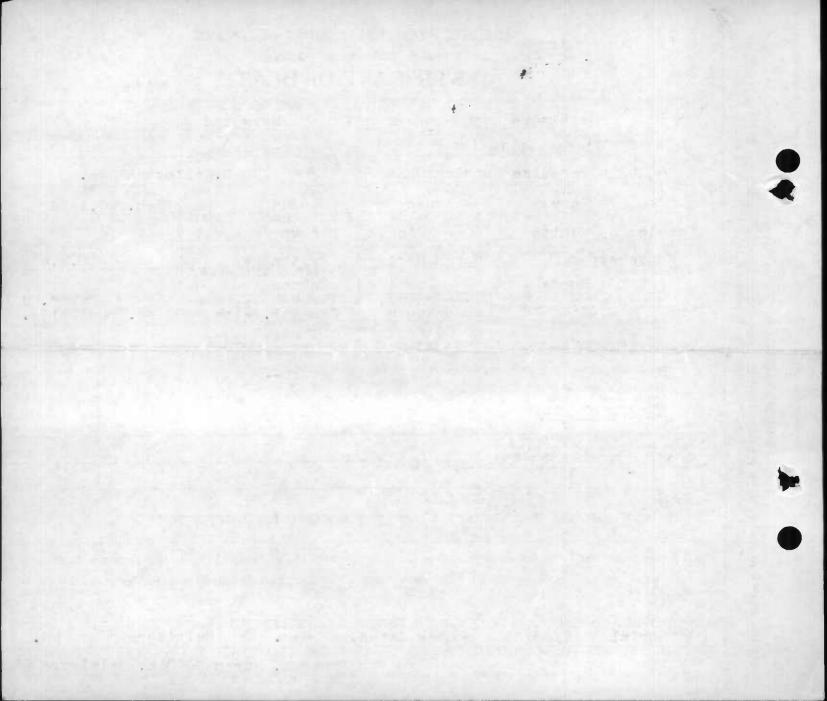
2411 N. Charles Street, Baltimore

01560

Reg. Dist. No.....

### CERTIFICATE OF DEATH

Item 9. Film	1193 2-27-56 e	<u>t</u>			
1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (I	COTT	mar
	Baltimore	MARYLAND	Mary		
OR give nearest	rporate limits, write RUR town catonsvill	AL and LENGTH OF STAY (in this place)	II OK	ate limits, write RURAL and	give nearest town)
HOSPITAL OR	Caronsvill	.0	TOWN Belt	more	3V01-4
INSTITUTION OF	Paradise	Nursing Home	STREET ADDRESS 706	(If rural, give location) E.Arlington A	ve.
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Mary	Agnes	Woods	DEATH Feb. 2	20,1956 19
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	s. DATE OF BIRTH	9. AGE last birthday   If unde	er i year   If under 24 bra.  B Days   Hours   Min.
done during most of w.	ATION (Give kind of work orking life, even if retired)	Industry Church Rectory	1 11. RIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY A
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	U.D.A
? ?	Woods		Unknown		
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES (If yes, give war or dates a mervice)	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	Balto.Md
no	service)	unknown	James P.Wal	sh 806 Md.Tr	ust Bldg.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATHS	,		INTERVAL BETWEEN ONSET AND DEATH
1/22.1		1	1.0		Chief and David
Immediate	cause (a)	Mocardial	Theluke	00 98 0 0 0 m - 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	72 hrs
giving rise to	t cause(s) onditions, if any, the above cause aderlying cause last	/ -4	0		with the state of
scaling the un	(c)	Rlenio Schons	ric CVD		Unangua
related to the diseas	ting to the death but not e or condition causing deat				
19a. DATE OF OPER	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes   No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) (COUNTY	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	OUR?	
		deceased from /2 -8	1059 . 2.11	1056	
	is that I attended the	deceased Holm.	00	, 19, that I last	saw the deceased
alive on Z	9 1926, an	d that death occurred at		causes and on the date s	tated above.
SIGNATURE	/ //	(Degree or title)	ADDRESS		DATE SIGNED
Vehlow 1	& Many	ule M. U.	Carmenalla	28 /11	2-20.56
23. BURIAL, CREMA		F NAME OF CEMETER	RY OR CREMATORY   L	OCATION (City, town, or cou	
REM BOT FET		New Cathe	dral Cem.	Baltimore	Md.
DATE REC'D BY L	OCAL REGISTRAR'S		24. FUNERAL DIRECTO	R 3000 F Re	ADDRESS 1+1mone St



	-4	MARYLAND STATE DEPARTMEN	T OF HEALTH BALTIMORE 18
1	The	Items 8,9 Film 122 2-11-56 1581 CERTIFICATI	et
d	ally.	I, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE
/ 88	carefully. legibly.	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
M		CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Fort Howard  LENGTH OF STAY (in this place)  Days	CITY(If outside corporate limits, write RURAL OR TOWN Baltimore
	item of information of death clearly and	HOSPITAL OR INSTITUTION OR SORREET ADDRESSET ADDRESSET ADDRESSET ADDRESSET ADDRESSET ADMINISTRATION HOSPITAL	STREET (If rural give location ADDRESS 222 South Vincent St
-	m of inf death cl	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) OF DEATH: February
			OF BIRTH: 9. AGE last birthday Months
DN	causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool¨ Maker Tool & Die Co.	11. BIRTHPLACE (State or foreign country): 12 Baltimore, Maryland
FOR BINDING	Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Tâ	Sul	Sherman L. Wood, Sr.	Emma Deming
N. P.	K. Su write	15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
FO	INK.	(Yes. no, or unk.) (If Yes, give war or dates 1219-07-4592	Clin.Rec.Vet.Adm.Hosp.,Ft.How
MARGIN RESERVED	WITH UNFADING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	EPHALITIS
TAF	~ 2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	VLY port	DISEASE OR CONDITION CAUSING DEATH.	
~	-	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Courtetc. INJURY OCCUR?
	P	OF INJURY  VA  (Hour)   21E INJURY OCCURRED While   Not while   at work   at work	21F. HOW DID INJURY OCCUR?
	Se OI	22. I hereby certify that x attended the deceased fromJan.	27 , 19.56 to Feb. 1 ., 19.56 persons
5 — 10 - 53	SE TYP correct	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ADDRESS DA  OD WAH FORT HOWARD, MARYLAND  ERY OF CREMATORY   LOCATION (City, town, of the causes and on the date  ADDRESS DA  OD WAH FORT HOWARD, MARYLAND  ERY OF CREMATORY   LOCATION (City, town, of the causes and on the date  ADDRESS DA  OD WAH  OD WAH
A16	PLEA	Burial (SPECIFY) 2-6-56 Baltimore N	
ró	4	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR

RE, 18 01561
Reg. Dist. No.

1581	
	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
COUNTY Baltimore  COUNTY Baltimore  CITY (If outside corporate limits, write RURAL OR and give nearest town)  Town Fort Howard 5 Days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS terans Administration Hospital Administration Hospital Administration Hospital Administration Hospital Administration Hospital Administration Hospital	spital STREET (If rural give location)  spital 222 South Vincent Street
3. NAME OF (First) (Middle) DECEASED: (Type or Print) SHERMAN  5. SEX: [6. COLOR OR [7. SINGLE, MARRIED.] 8	WOOD, JR.   4. DATE (Month) (Day) (Year)  OF DEATH: February 1 1956
Male White (Specify) Married	July 8, 1918 1919 87 36 yrs.   FUNDER 1 VEAR   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY: even if retired): Tool¨ Maker Tool & Die	Co. Baltimore, Maryland U. S. A.
9 13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Sherman L. Wood, Sr.	Emma Deming
Diserman L. Wood, Sr.  15. Was Deceased Ever in U.S. Armed Forces:  (Yes, no, or unk.) (If Yes, give year or dates  16. Medical Cer  1 Diseases or conditions directly Leading to deat	
18. MEDICAL CER	THE SELVICE
IMMEDIATE CAUSE (A) VIRAL	L ENCEPHALITIS 10 DAYS
ANTECEDENT CAUSE (8)	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	PERATION 20. AUTOPSY?
	YES X NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, for the control of	farm, factory, fiee bldg., etc.   21C. WHERE DID (City or town) (County) (State)
OF INJURY  VA  (Hour)  21E INJURY  OC While Not was at work at work	while
	Jan. 27., 19.56 to Feb. 1., 19.56 per de secondo mes d
SIGNATURE	arred at 4:30PM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  OPT HOWARD MARVIAND 2/2/26
23. BURIAL, CREMATION, DATE THEREOF   NAME OF	M.D. VAH FORT HOWARD, MARYLAND 2/2/56  CEMETERY OF CREMATORY   LOCATION (City, town, or county) (State)
PEMOVAL (SPECIEV)	nore National Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Wm.Cook_Blight, Inc., 6009 Harford Road, Balto
	HILL DOOK - DITE III O I TOO I TO A TO A TO A TO A TO A

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS. A15ME(5)

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		and the same		COMMAND OF STREET	
32-24					
NS			1981	35.0	
11			- 27		
'A OTTO			THE PARTY		
BUREAU V.					
9261 S AAM					
2201					



2411 N. Charles Street, Baltimore

01563

## CERTIFICATE OF DEATH

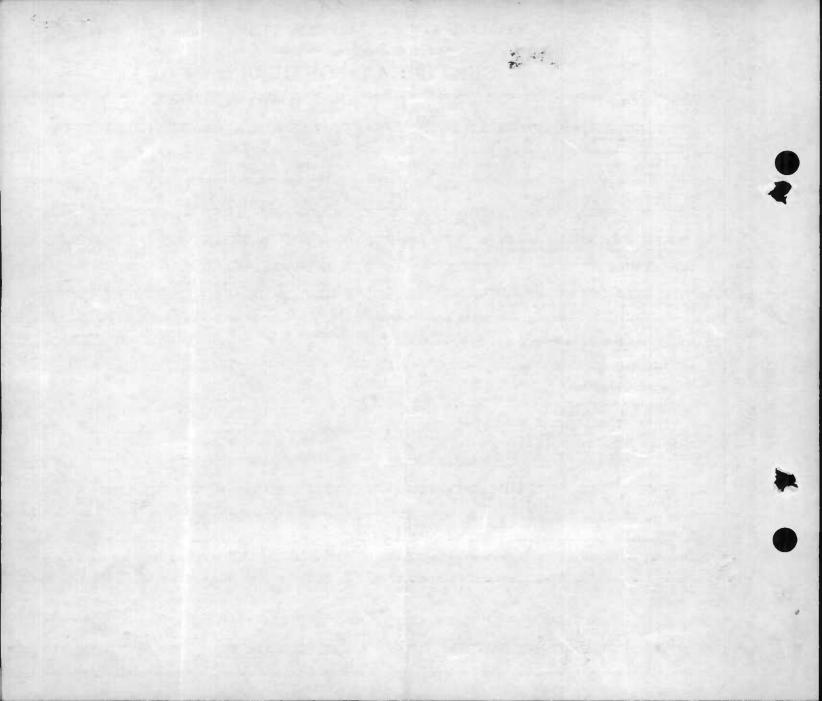
Reg. Dist. No.

I. PLACE OF DEAT			2. USUAL RESIDENCE (		
COUNTY	altimore Co	MARYLAND	STATE Maryla		Baltimore
CITY (If outside c	corporate limits, write RUR.	AL and   LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and give	e nearest town)
X TOWN	cown)Pikesvill	e (in this place)	TOWN Pikes	ville	X
HOSPITAL OR INSTITUTION O			STREET ADDRESS 7 S110	(If rural, give location)	4
STREET ADDRE			**		
3. NAME OF DECEASED (Type or Print)	(First) Margaret	(Middle) Wul	(Last) Czburger	4. DATE (Month) OF DEATH Feb 2	(Day) (Year) 29 1956 <sub>9</sub>
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOW	Apr 1. 1873	9. AGE last birthday If under Months.	1 year If under 24 hrs Bays Hours Min.
10a. IISUAL OCCUP	ATLON (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Philadelphia	or foreign country) 12	COUNTRY?
13. FATHER'S NAM	4E		14. MOTHER'S MAIDEN		UDA
	Clarence Di	98	Tu	cietia Abraha	) TYP)
	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND		19.10
(Yes, no, or unknown)	(If year, give war or dates of service)	of l	Stanley L. Wu	- AMUNT	cook Crt
					1
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1120.0		B . D			
Immediat	e cause (a)	BRONCHO PNE	UMONIA, N	CUTE	4 days
Anteceder	nt cause(s)				
Diseases or	conditions, if any, (b)	CEREBRAL TH	+ROMBOSIS		3 moutes
giving rise t	to the above cause	RTERLOSCLEROTI		SE = NUPERTENSION	
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat		The control of the co	- 1000	000000000000000000000000000000000000000
		FINDINGS OF OPERATION			1 20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 7	TOWN) (COUNTY)	(STATE)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
22. I hereby cert	ify that I attended the	e deceased from 1000 / 9	1955 to Feb 2	9 1956 that I last so	aw the deceased
- 1					
signature	2, 19.1k, an	d that death occurred at (Degree or title)	ADDRESS of the	causes and on the date sta	
SIGNATURE	, 1 11	II Degree of units	ADDRESS / Z	1 110 11 A	DATE SIGNED
Land	alph St-C	Mayling ma	. 5329 Ceylery	town Kel Ballo's, not	wech 1.1953
27. BURIAL, CREM REMOVAL (Spec			RY OR CREMATORY   I	OCATION (City, town, or count	V) (Panta)
Burial	13-2-30	Baltimore H		Baltimore,	Md.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	David K. 7	ADDRESS
1/02/2	MB CHIL	Voddicky	David R. Mar	tin. 1902 Eutaw	Place

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

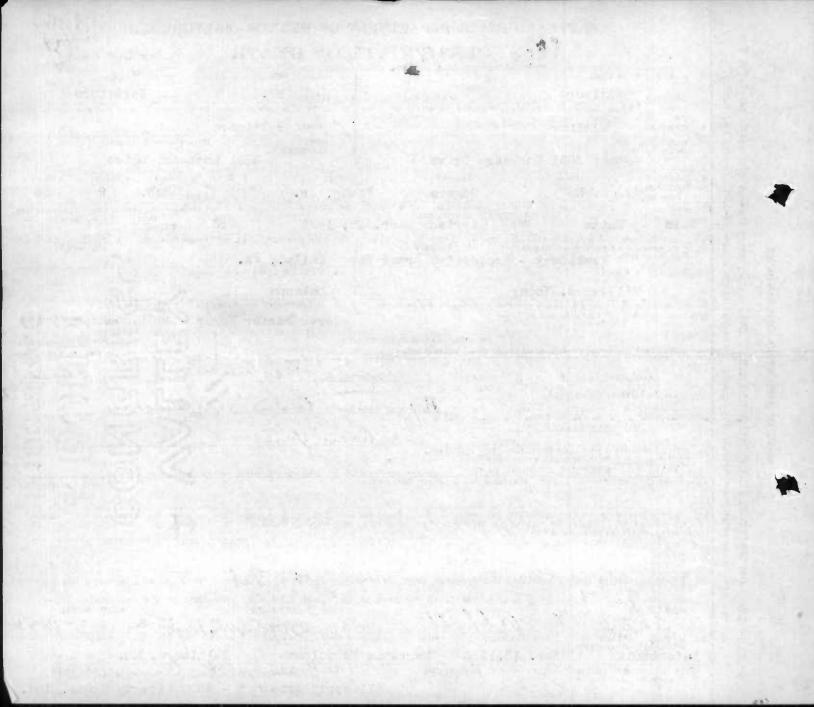
The correct age

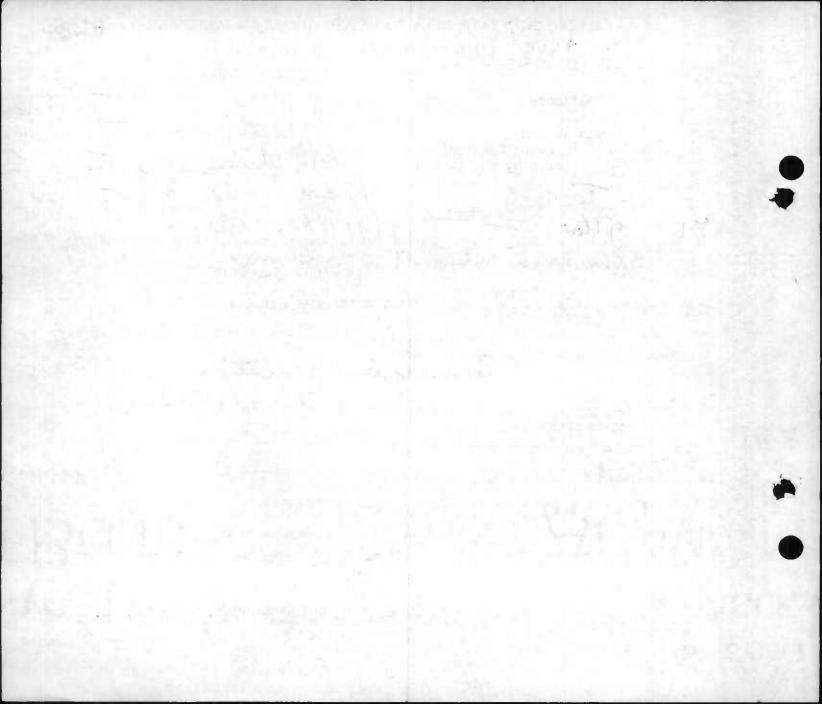
VS. A15



	(HOME) OF DECE	ASED:	
COUNTY Baltimore MARYLAND STATE Md.	Ва	ltimore	
COUNTY	rate limits, write RUR		earest town
OR and give nearest town) (in this place) OR TOWN Baltimore			×
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3801 Locheam Drive 3801	(If rural give local Locheam Dr		1
	4. DATE (Month)	(Day)	(Year)
Odgers Young, Sr.	OF DEATH: Feb.	9	1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Apr. 18, 1892	63 yrs. Month		urs   Min.
OA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS   11, BIRTHPLACE (State	or foreign country):		
work done during most of working life. OR INDUSTRY: even if retired): President - Progessive Brass Die Phila., Pa.		COUNTR	Y7
13. FATHER'S NAME: 14. MOTHER'S MAIDE	N NAME:		
William H. Young Uhlmown			
S. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT & AD	DRESS:		
(Yes, no, or unk.) If Yes, give war or dates of service) Sarah Warner Y	foung - 3801	Locheam	Drive
18. MEDICAL CERTIFICATION			L BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET	AND DEAT
MMEDIATE CAUSE  (A)  ORCHA  ONTECEDENT CAUSE (S)  DUE TO	hm	31	in
ANTECEDENT CAUSE (8)	1 11.		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DIF TO	ive Dige	au	
DISEASES OR CONDITIONS, IF ANY. (B) Any Jouline to Carolin Va	ne Dise	au	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ne Dise	an	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ne Dise	an	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	se Dise	20. A	AUTOPSY?
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	e Wage		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. INJURY OCCUR?  21B. PLACE (Home, farm, factory, office bidg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY, OCCURRED 21F, HOW DID INJURY	(City or town)	YES	] NO [
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	(City or town) (CRY OCCUR?	County)	(State)
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF OPERATION  21B. PLACE (Home, farm, factory) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) While Not while At work at work at work  22. I hereby certify that I attended the deceased from 1958, to 426	(City or town) (City	County)  last saw th	(State)
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF OF INJURY Street, office bldg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) While Not while at work and present a signature.  22. I hereby certify that I attended the deceased from ADDRESS	(City or town) (CRY OCCUR?	County)  last saw th	(State)  e decease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) While Not while Not while at work at work at work 19.5%, to 4.6%  22. I hereby certify that I attended the deceased from 19.5%, to 4.6%  ADDRESS M. D. UDOY Che	(City or town) (City	County)  last saw the late stated a DATE SIGNE	(State)  e decease

Ellsworth Armacost - 4600 Liberty Hghts. Ave.





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VS. A15A - 5 - 53

1586 MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	1566 Reg. Dist.
	TIFICATE OF DEATH	No. 45
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	Balto.
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  LENGTH OF STAY (In this place)	CITY (If outside corporate limits write RURAL and OR TOWN Middle River	l give nearest town)
IIOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Kingston Road	ADDRESS 107 Kingston Road	1
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	(Year)
(Type or Print) Debra ( ) E BOKAH)	Zeigler DEATH 2 19	19 56
Female White (Specify):	PE OF BIRTH:  9. AGE last birthday: F UNDER 1.  Months D  yrs. 16	ays Hours   Min.
work done during most of work life, even if retired):  (Give kind of 10b. KIND OF BUSINESS OF INDUSTRY:	OR   11. BIRTHPLACE (State or foreign country):   12.	COUNTRY?
Seorge L. Ziegler	14. MOTHER'S MAIDEN NAME: Mildred Morgan	~
15. WAS DECEASED EVERAN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
IS MEDIC	CAL CERTIFICATION	
In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Suppurative Otit DUE TO  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (e)	tis Media, Left.	INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes 🔼 No 🗌
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc CAUSE OF DEATH.	2.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF Mylie at Not while INJURY M. Work ☐ at work ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes E, Accisionature	ident [], Suicide [], Homicide [], Undeter  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	rmined cause DATE SIGNED 2/20/56
REMOVAL (Specify): Let. 22-16 Cedar H	RY OR CREMATORY LOCATION (City, town, or ed	ADDRESS
REG. Stade REGISTRAR'S SIGNATURE	Am & Connelly	ADDRESS

FEB 29 1956

BUREAU V. S.

gramme to see a real and the course